## CREATOR Collaboration and Partnership Enquiry

### Title of project/partnership/collaboration

### Contact details (name, title, role, institution, and email/phone/whatsapp/office contacts)

### Themes involved (tick all that apply)

Vaccines Population Health, Clinical & Expt Med

Maternal Neonatal & Child Health Social Science Infection Biology

### Departments and sites involved (tick all that apply)

Training,

Facilities – field sites, CREATOR building, MLW Learning and Training Centre

MLW Laboratories

IT, internet, Communications

Finance and Grants management

Clinical departments

### Project vision (100 words)

### What do you bring to CREATOR and MLW? (100 words)

### How does this project fit into the CREATOR vision?

### Are you willing and/or able to pay direct costs? Indirect costs or an overhead?