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| **Research Grant Application Form** **Nursing Research Section NZNO** |
| Surname |  |
| First Name |  |
| Organisation |  |
| Position/role |  |
| Postal Address |  |
| Email Address |  |
| Work Phone |  |
| Home Phone/Mobile No. |  |
| NZNO No. |  |
| Number of years you have been a member of the Nursing Research Section, NZNO:  |
| **RESEARCH DETAILS** |
| **Details of research opportunity / research related activity** |
| **Please give details about the costs you are seeking for this activity:** |
| **Briefly outline what you hope to learn/achieve from your research activity and how this will support your ongoing practice:** |

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| **If your research activity involves conference attendance, please complete the following:** |
| **Date:**  | **Location:**  |
| **Oral Presentation :**  | **Poster Presentation:**  |
| **Presentation Title:**  |

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| **Conference registration/course fees:** | $ |
| **Accommodation:** | $  |
| **Travel:** | $ |
| **Other (please specify):** | $ |
| **TOTAL COSTS:** | $  |

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| **FURTHER DETAILS** |
| **Please state how this activity meets the criteria of being a scholarly activity (as detailed by Boyer, 2000).****Discovery:****Teaching and Learning:****Application:****Integration:** |
| **Please state if you have or will be receiving funds from any other source, and how much:**  |
| **Have you received a Research Grant from the Nursing Research Section NZNO in the past two years?**  |
| **I have/have not read and accepted the terms and conditions for NRS NZNO Grant applications**  |
| **Signed:**  | **Date:**  |

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| Briefly outline what you hope to learn/achieve from your conference attendance and how you will integrate this into your practice:  |