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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: |