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| **2021 Research Grant Application Form  Nursing Research Section (NRS), NZNO** | |
| **Surname:** |  |
| **First Name:** |  |
| **Organisation:** |  |
| **Position:** |  |
| **Postal Address:** |  |
| **Email Address:** |  |
| **Work Phone:** |  |
| **Home Phone or Mobile No:** |  |
| **NZNO Membership Number:** |  |
| **Number of years you have been a member of the NRS, 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:** | |

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| ***If your research activity involves conference attendance,***  ***please complete the following:*** | |
| **Date:** | **Location:** |
| **Oral Presentation** Yes / No | **Poster Presentation:** Yes / No |

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| **Presentation Title:** |

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| **Conference registration/course fees:** | $ |
| **Accommodation:** | $ |
| **Travel:** | $ |
| **Other (please specify):** | $ |
| **TOTAL COSTS** | $ |
| **Briefly outline what you hope to learn/achieve from your conference attendance:** | |
| **FURTHER DETAILS** | |
| **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 NRS, NZNO in the past two years?** Yes / No | |
| **□ I have read and accepted the terms and conditions for NRS NZNO Grant applications** | |
| **Signed:** | **Date:** |