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| **Research Grant Application Form** **Te Wāhanga Rangahau Tapuhi** *(Nursing Research Section - NRS), 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 Te Wāhanga Rangahau Tapuhi**  |
| **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 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)* |  |
| **Application** |  |
| **Integration** |  |
| **Discovery** |  |
| **Teaching and Learning** |  |
| **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 Te Wāhanga Rangahau Tapuhi in the past two years?**  |
| **I have/ have not** *(please circle one)* **read and accepted the terms and conditions** **for Te Wāhanga Rangahau Tapuhi Grant Application.** |
| **Signed:**  |  | **Date:**  |  |

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| **Briefly outline what you hope to learn/ achieve from your conference attendance and how it will be integrated into your practice:**  |