



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2018 Research Grant Application Form

Principle Investigator Information

Surname:

Given Name:

Mailing Address:

Phone: (w)

(h)

Email:

Employer:

Are you a New Investigator (MN or PhD obtained within the last 5 years): Yes No

CNO Registration #:

RNAO Registration #:

Number of years of membership in NRIG:

Previous recipient of an NRIG research grant: No Yes (year)

Name and Positions of Co-Investigators:

- | | | |
|----|------|----------|
| 1. | Name | Position |
| 2. | Name | Position |
| 3. | Name | Position |

Previous Research Funding Received:

Information regarding your research project:

Title of Project:

Anticipated (or actual) starting date: Has ethics approval been obtained? No Yes

Have you received funds from other sources for this project No Yes

If yes, amount received: Source of funding:

Have you made an application for funds from other sources for this project: No Yes

If yes, amount received: Source of funding:

I certify that all information contained in this application is true and accurate.

Signature: _____ Date: _____