



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2019 Research Grant Application Form for PhD Students / Candidates

Personal Information

Surname:

Given Name:

Mailing Address:

Phone:

Email:

Name of university currently enrolled:

Are you a current PhD student or candidate:

Yes

No

Year of study:

Anticipated year of graduation:

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:
