



**NRIG**

Nursing Research Interest Group

## Nursing Research Interest Group 2020 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:

Send completed application to: [NRIG.awards@gmail.com](mailto:NRIG.awards@gmail.com)