**Nursing Research Interest Group**

**2023 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:

I understand that if I am awarded, I must submit a 60 second video clip describing my project for the RNAO NRIG Annual General Meeting. Yes/No

Send completed application to: NRIG.awards@gmail.com