



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2024 PhD Student and New Investigator Research Grant Application Form

Principal 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



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