 

Research Nurse/Midwife Support & Development Grant 2017

**Application Form**

|  |  |
| --- | --- |
| Surname  |  |
| First Name(s) |  |
| Work Address |  |
| Email Address |  |
| Member of IRNN since (please state year) |  |
| Please state your contribution to, or participation in, IRNN activities (for example presenting, either oral or poster, abstract at an IRNN conference) |  |

|  |  |
| --- | --- |
| What event/workshop/conference do you wish to attend (please include dates and venue in your answer)? |  |
| What is your role in this event (i.e. are you on the committee, student, presenting an abstract or poster)? |  |
| Please provide details of the amount and type of funding requested (conference fees, accommodation and transport costs as applicable).  |  |
| Have you secured any other funding to attend this event/workshop/conference?If Yes, please state the amount and the name of the awarding body |  |
| How will this grant benefit you?  |  |
| How will this grant benefit your colleagues and other research nurses/midwives? |  |
| How do you plan to provide feedback on your experience to the wider nursing/midwifery research community? |  |

Signature (can be electronic)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to hello@irnn.ie and use the subject heading ‘Research Nurse/Midwife Support & Development Grant 2017’.

 