**Application Form**

**Hosting an Education or Networking Event**

|  |  |
| --- | --- |
| Name | Email |
|  |  |
| Job Title | Workplace |
|  |  |
| IRNN Membership Details (e.g. how long/role) | NMBI Registration Number |
|  |  |
| Please provide details of the proposed event | |
|  | |
| What is your role in this event (e.g. presenter, organiser)? | |
|  | |
| Please provide details of the amount and purpose of funding requested | |
|  | |
| Have you secured any other funding to run this event? If Yes, please provide details below. | |
|  | |
| How will this grant benefit your workplace or IRNN? | |
|  | |
| Is there a charge for attendance at this event? | Will CPD credits be awarded for attendance? |
|  |  |
| Do you agree to acknowledge funding received in presentations or publications associated with this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you agree to provide a report of attendance at this event to colleagues and/or IRNN as appropriate? \_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature (can be electronic): | Date: |

Please submit this form to [hello@irnn.ie](mailto:hello@irnn.ie) and use the subject heading ‘Research Nurse/Midwife Support & Development Grant’.