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| **MS NURSING EDUCATION FUND**GRANT REQUEST FORM  | A logo with text on it  Description automatically generated |

Please complete all the sections on this application form.

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| First Name  | Last Name  |
| Phone: | Email: |
| Organisation: |
| What financial support are you seeking from the NZMSRT (tick all that apply)?* Conference Registration / workshop registration
* Airfares
* Accommodation
* Equipment (for poster or presentation)
* Course fees/ continuing education– MS Nurses
* All the above
* Other – please specify: ---------------------------------------------------------------------------------------

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| Please provide the web address of Conference / Course / Continuing education you wish to attend.  |
| For conference attendance Do you have any official capacity at the conference – for example, are you a presenting a paper/abstract, speaker, or delegate. |
| For courses/ Course fees/ continuing educationPlease provide details – Name of the course, duration.  |
| Have you received any funding or support from another source (e.g. external organisation)? If so, when, and how much? |
| What is the estimated total cost of your attendance at the conference / courses? (this should be NZ$) |
| How much are you requesting from the NZMSRT? (this should be NZ$) |
| Please list any other information you feel is relevant to your application for funding.  |

Privacy policy

<https://msresearch.org.nz/about/privacy-policy/>

Disclaimer

By submitting this form, I agree to NZMSRT privacy policy.

Confirmation email