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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: ---------------------------------------------------------------------------------------   ----------------------------------------------------------------------------------------------------------------- | |
| 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 education  Please 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