

RCN Foundation Amin Abdullah Grant Application Form

Important: Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing.

Please note:

- **Applications should be typed and sent electronically.**
- **Please ensure that you spell out in full any abbreviations used.**

Applications can be for:

- **projects that are yet to be undertaken**
- **projects that have been completed – in this case the purpose of this grant would be to support dissemination activities**

Section 1: Applicant details

Your name (Project lead)	
Your job title	
Employer name	
Full address	
Telephone	
Email address	
Project team Please list the individual/s who will be responsible for undertaking the project	
NMC Pin Number	
Brief description of present role	
Pay band	

Section 2: Details of educational activity for which funding is sought

Title of the proposed project for which you are seeking funding (25 words max)

Description of the proposed project

Start date (month and year):

End date (month and year):

Section 3: Applicant Statement

If your project **is yet to be undertaken** please answer the following questions

How will this project contribute to nurse wellbeing?

Please provide an outline of the timescales for the dissemination of the project.

Section 3: Applicant Statement continued

Please describe how you will disseminate the results and implement the findings of your project. Who will be your target audiences and how will you ensure that the findings of the project reach them?

What were the main outputs and outcomes from the project?

Section 3: Applicant Statement continued

If you have **already undertaken the project or activity**, please answer the questions below:

How did this project contribute to nurse wellbeing?

Please provide an outline of timescales for dissemination.

Section 3: Applicant Statement continued

Please describe how you will disseminate the results and implement the findings of your project. Who will be your target audiences and how will you ensure that the findings of the project reach them?

What will be the main outputs and outcomes from the project?

Section 4: Budget breakdown

Item	Amount you are asking us to fund
Project costs	
Staff replacement costs	
Travel	
Conference presentation fees	
Poster presentation costs	
Open access journal fees	
Other	
Total	

Section 5: Supporting references

Please ensure you send: Reference from your Manager

Notes for Manager: Please comment on how the proposed project would fit in with the applicant's role and professional development and how this activity and its implementation will be supported, eg, with mentoring or opportunities to influence practice.

Section 6: Supporting documentation

Please ensure that you include the following documentation with your application:

Equality Impact Assessment (if appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the research require: <ul style="list-style-type: none"> Health Research Authority (HRA) approval for England and Wales NHS Research Ethics Service approval for Scotland HSC Integrated Research Application System in Northern Ireland? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
CVs for the team	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk register	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 7: Data Protection and Privacy Notice

Once you are satisfied that the information presented above is accurate, please read the following information about data protection to ensure that you agree to these terms.

- The information on this form will be used to assess your application for a grant. The RCN Foundation need to keep your data on computer files for this purpose.
- We may also use the information for accounting, audit, statistical or research purposes.
- In submitting this application you are giving consent to the information provided being shared with external third party advisors affiliated to the RCN Foundation for the purposes of processing your application.
- We will not disclose any of your information outside of the RCN Foundation, unless we are legally obliged to do so or unless you have given us your prior consent.
- We will undertake to keep your information strictly confidential and do everything we can to prevent the information being used in any unauthorised or unlawful way.
- Our current policy is to retain personal data for a period of 6 years from when a decision on your application is made, after which it will be destroyed.
- You have the right to request information about the details we hold about you and we will provide this data as legally required.
- We will need your signature in order to process your application.

Authorisation

By submitting this application you are giving your consent to these terms, you give permission for the RCN Foundation to use your data as outlined above.

You have the right to withdraw your consent to the above at any time.

Print name:

Submit one copy of your entire application by email to grants@rcnfoundation.org.uk by the closing date.

Section 8: Equal Opportunities

Completion of this section is helpful to ensure that we are aware of the communities applying for this scheme and assists in the implementation of equal opportunities.

This information will not form any part of the selection process and will be treated with total confidentiality.

(Please tick the appropriate boxes).

a. Your Ethnic Group:	
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background Please state:	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background Please state:
Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background Please state:	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background Please state:
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group Please state:
b. Your gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	
c. Sexual orientation: <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Other	
d. Do you have a disability?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Your age: <input type="checkbox"/> <20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+	
f. Where you currently live: <input type="checkbox"/> England <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Scotland <input type="checkbox"/> Wales <input type="checkbox"/> Other	
g. What Region: <input type="checkbox"/> East Midlands <input type="checkbox"/> Eastern <input type="checkbox"/> London <input type="checkbox"/> North West <input type="checkbox"/> Northern <input type="checkbox"/> South East <input type="checkbox"/> South West <input type="checkbox"/> West Midlands <input type="checkbox"/> Yorkshire & The Humber <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Scotland <input type="checkbox"/> Wales <input type="checkbox"/> Other <input type="text"/>	