



RESEARCH GRANT APPLICATION FORM 2019

A. Principal Investigator - Application Form

Last Name

First Name

Preferred Salutation:

Dr. Prof. Mr. Ms.

Position:

RCN Hospital/Institution

Phone Number

Service - Unit - Division or Department

Primary Contact Email

Project Title (maximum 175 characters)

Amount requested (maximum \$100,000)

I hereby confirm that I have read the Terms & Conditions in the Reference Document of the RCN Research Grant and agree to comply.

Signature of the Principal Investigator

Date (DD/MM/YYYY)



B. RCN Research Grant - Confirmation Letter

To be completed by the Principal Investigator's Chief of Department/Service/Unit

I have reviewed the research proposal entitled:

Submitted by (insert name of Principal Investigator below)

I support this application and acknowledge that the project fits with the growth plan, capacity, and feasibility of my Department/Unit/Service.

Last Name

First Name

Preferred Salutation:

Dr. Prof. Mr. Ms.

Position:

RCN Hospital/Institution

Phone Number

Service - Unit - Division or Department

Contact Information

Signature of Dept. / Unit / Service Chief

Date (DD/MM/YYYY)