

# **HKSNRG 2019 Application Form**

**Project Title:**

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Principal Investigator: \_\_\_\_\_ (Name and Title)

Affiliation: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

HKSN membership: Full / Associate\*

Category of Research Project: Basic Science / Clinical / Nursing\*

Amount of Grant applied for: HKD \$ \_\_\_\_\_

Apply for both HKSNRG and Young Investigator Awards: Yes / No\*

If yes, please declare:

1. My age is  $\leq 35$  as on 31 May 2019: Yes / No\*, and
2. I have never received any institutional / research grant before: Yes / No\*

Duration of Study: \_\_\_\_\_ (months / years)

Name of body of financial arrangement: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Delete where appropriate

### **For Official Use**

Membership: Full / Associate
Approved / Not Approved:
Ethical Committee Approval: not required / pending / available
Sum of Grant Approved:
Date of Grant released:
Progress Report Dates:
Completion Date:
Abstract Submission Date: