

# **HKSNRG 2020 Application Form**

**Project Title:**

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  $\leq 40$  as on 30 June 2020: 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: