

**THE ELIZABETH O’DWYER MEDAL AND TRAVEL BURSARY FOR INNOVATION IN NURSING**

***2020 Application form***

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Personnel No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block letters)

**Telephone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of the course/project**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The title of the course/project should catch the reader’s attention and be accurate.)

**Aims and objectives of the course/project:**

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**Summary of project**:

(The summary of the project should be able to stand alone and include a clear rationale as to why the course/project will benefit safety and quality and thus the overall advancement of care/service to the patient. It should not exceed 150 words).

**Title and summary of Research**

1. *2000 words only excluding references and abstracts. The applicant(s) should include a clear description of the aims and objectives of the project including the background and the relevance of the project and should include an implementation plan).*
2. *If the application is for funding for education then the relevance of the course should be outlined and how this will benefit the service delivered to our patients.*

**Please use another page if required**

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**Personal statement:**

*I will ensure that The Meath Foundation's contribution to funding this research/education is suitably acknowledged in any publications.*

*I will inform The Foundation of any changes to details set out in the application*

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

The application must be sponsored by the Director of Nursing.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Nursing**

**Please return the completed application form by email to The Meath Foundation at**

[**meath.foundation@tuh.ie**](mailto:meath.foundation@tuh.ie)

**no later than**

**Monday, 28th September 2020**

***The decision of The Meath Foundation Board is final***

June 2020

Tel: +353 1 414 3095 • Email: meathfoundation@tuh.ie • Web: www.meathfoundation.com

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