

**THE MARY O’CONNOR MEDAL AND TRAVEL BURSARY FOR EXCELLENCE IN EMERGENCY MEDICINE NURSING**

***2021 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 of the Emergency Department. 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 to the Emergency Department and should include an implementation plan).*
2. *If the application is for funding for education then the relevance of the course to the Emergency Department 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***

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

 **Director of Nursing**

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

**meath.foundation@tuh.ie**

**no later than**

**Monday, 20th September 2021**

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

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**2021**

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