ESPNIC - Medtronic Research Grant

**Application Form**

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| --- | --- | --- | --- |
| Name |  | Membership Nr. |  |
| Place of Work |  | | |
| Address |  | | |
| Email address |  | Member since |  |
| Why are you applying for this grant? | | | |
|  | | | |
| ***Improvement of care through non-invasive monitoring techniques for oxygenation and ventilation in paediatric and neonatal intensive care settings***  How will your research help improve outcomes for paediatric and neonatal intensive care units on the given topic? | | | |
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| Please, Fill in the following information |
| I declare I and/or the hospital/association I work for have not already received a grant for the enclosed research  I declare I have not received Employers’ funding for my research.  I declare I will use the Funding of the ESPNIC Medtronic Research Grant for the purpose of the research proposed and allow the association to announce my name as a winner of the grant.  I authorise ESPNIC/ Medtronic / Kenes International to collect and hold my personal data for the purpose of this grant.  I declare that I will conduct the proposed research according to good clinical practice and respect all relevant regulations. |
| * The applicant must be an ESPNIC member * The grant is open to an individual application only once for the same project. * Applications from current members of the ESPNIC EC will not be considered |
| Bank details in case you win the grant: |
| Name of Bank Holder: |
| |  |  |  |  | | --- | --- | --- | --- | | IBAN: |  | SWIFT |  | |
| Name of the bank: |
| Expected costs in € |
| Others: |

Place, date ……………………………………….. Signature ……………………………………………

Send the form back by email to the ESPNIC Administrative Office **before Midnight CET, 25 September 2022**.

**Email:** [info@espnic.eu](mailto:info@espnic.eu)