



Education / Research Grant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City PostCode

Phone: _____ Email _____

Date of Application: _____ CSP Number _____ ACPSEM Membership Number _____

Amount of Funding requested: _____

Details of the activity

Describe the activity that the grant is to support.

Describe how the grant will support your activity.

Have you received any other funding for this research / activity? YES NO

If yes please give details. _____

Have you received any research and ethical approval for this research / activity?

YES

NO

If yes please give details. _____

How do you see the activity supporting your progress through the ACPSEM CPD pathway?

Indicate how you will be acknowledged the grant from the ACSPEM?

It is expected that successful applications will acknowledge ACPSEM in any publication as a contributor.

Signed _____

Print Name _____

Date: _____