



ICN NP/APN NETWORK GRANT PROGRAM **Rotterdam, The Netherlands Conference**

INVITATION TO APPLY FOR GRANT – 2018

**Are you a NP/APN from a developing (low – middle income¹) country?
Yes - then you may be eligible to apply for the grant programme.**

The ICN Nurse Practitioner/Advanced Practice Nurses Network (ICN NP/APN NETWORK) is committed to assisting Nurse Practitioners and Advanced Practice Nurses from developing countries to attend our network conferences.

Funds have been made available to assist the successful applicant/s from a developing country, who would not otherwise be financially able to afford it, to attend the upcoming ICN NP/APN NETWORK conference in Rotterdam, The Netherlands 26th-29th August 2018.

Applications are available on the conference and network websites and must be completed in full to be considered. Nurses applying for the grant must meet the following eligibility criteria:

1. They must be a Nurse Practitioner / Advanced Practice Nurse practicing permanently in a developing (low to middle income) country.
2. They must convincingly demonstrate the anticipated benefits from the grant programme in their application form, and provide supporting evidence.
3. They must be willing to writing an article about their conference experience for one of the volumes of the ICN NP/APN Network Bulletin.
4. Priority will be given to applicants who had their abstract, to present a poster or paper at the Rotterdam conference, accepted.
5. Applicants who are attending the ICN NP/APN NETWORK conference for the first time will be prioritised.

If you fit these criteria, then please complete the application on the website and submit it as instructed as soon as possible.

Closing date: Friday, 22nd June 2018.

¹ Low to middle income countries are defined as those with a low to middle GNI per capita as calculated by the World Bank – please refer to http://data.worldbank.org/about/country-and-lending-groups#Low_income for details.



ICN NP/APN NETWORK GRANT APPLICATION

ICN NP/APN Network Conference Rotterdam 2018

All applications must be complete, typed and submitted via email with supporting evidence and/or attachments to both: (i) Chair of the Fundraising SG – Li Gao ligao@med.umich.edu and (ii) the Secretary of the ICN NP/APNN Core Steering Group – Daniela Lehwaldt Daniela.lehwaldt@dcu.ie

As a grant candidate you are expected to be a member of ICN (through membership of your local National Nurses' Association (NNA): please view list of NNAs per country at <http://www.icn.ch/members/members-list/>

Are you a member of ICN through your local NNA: Yes / No

Have you received this grant before? Yes / No

Please note that preference will be given to applicants, who have not previously received this grant.

1. APPLICANT DETAILS

Title – Dr, Ms, Mrs, Professor	
Family Name	
First Name	
Detailed Postal Address	
Contact telephone number: <ul style="list-style-type: none">(country code +) (work)(country code +) (home)	
Fax: (country code +) number	
Mobile: (country code +) number	
Email Address	Preferred: Alternative:
Please tick “√”(mark) your preferred method of communication-	<input type="checkbox"/> Post <input type="checkbox"/> Work telephone <input type="checkbox"/> e-Mail <input type="checkbox"/> Home telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mobile telephone

2. PROFESSIONAL INFORMATION

Please list your professional association membership(s)	
Name and list information of place(s) of professional practice/work	

Position held	
City / Region / Area	
Country	
Describe the stage of development or implementation of the NP/APN role in your country and your relationship to this process. (Briefly explain in 300-400 words max.)	

3. Please briefly outline how you would use and benefit from this grant (Max. 250 words).

4. Conference/s Details

4.1 Details of the poster OR paper you are presenting.

Abstract submitted for Paper / Poster (Please attach a copy of the abstract or provide the abstract number)	Invited Speaker or Presenter	Date Poster / Paper submitted	Date Poster / Paper accepted
Abstract included: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4.2 As a Grant recipient you are expected to share your conference experiences with your colleagues and network members. Please indicate how you will share this information.

For example: An article for the NP/APN Network Bulletin; a presentation to your colleagues.

Briefly describe how you will report the experiences gained through the grant:

5. Travel Visa for Attendance at Conference:

Please how you plan to secure a visa to travel and present your paper during the dates of the conference:

6. Signature:

Applicant: _____ **Date:** _____