

# Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund

## Development Grant

Application Format: Please submit **a single PDF file** by email to Julie.barry@dal.ca  
Incomplete applications will not be reviewed

A Development Grant is an award to enable the development of an innovative idea into a feasible research proposal specific to nursing practice, management and/or education.

**Title:**

**Name of Applicant:**

**Contact Address:**

**Telephone Number:**

**Email:**

**Eligibility:** Please state which of the eligible groups to which you belong  
Dalhousie Faculty, Adjunct Faculty, Post Doctoral Fellow, Graduate Student

**Margaret Inglis Hagerman Nursing Research Fund Development Grant** is open to registered nurses enrolled in graduate studies or postdoctoral fellowships at the School of Nursing, Dalhousie University.

Born in Nova Scotia's Annapolis Valley, Margaret Inglis Hagerman began her career by graduating in nursing from the Halifax Children's Hospital. She later attended Dalhousie University School of Nursing and graduated with a diploma in nursing education. Subsequently she graduated from McGill University with a Bachelor of Nursing degree with a major in Nursing Administration. Her post-graduate studies in Hospital Administration were undertaken at the University of Toronto.

If you would like to be considered for this award and are eligible, please tick here

Preference for this award will be given to students and Post Doctoral Fellows who reside in one of the Maritime provinces. Please tick here if resident of one of the Maritime provinces

**Co-Applicants (continue on a new page if required)**

Name	Title	Signature

**Instructions**

1. Student applications require formal fully constituted thesis committee approval and support from their faculty supervisor. Please attach a copy of Master of Nursing Program/PhD (Nursing) Program Thesis Supervisory Committee Approval Form.
2. Indicate if part of this study been previously funded?  
If yes, please explain.
3. Submit the names of three individuals knowledgeable in the topic area who could be contacted as external reviewers who are not in conflict (see below for definition and criteria). They can be community members and leaders, decision makers, policy makers as well as researchers.
  1. Name:  
  
Address:  
  
Email:
  2. Name:  
  
Address:  
  
Email:

Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund  
Development Grant

3. Name:

Address

Email:

In order to avoid conflict of interest, reviewers cannot be from the following groups:

a) individuals from your immediate department; b) individuals with whom you are or have collaborated, published or have been a co-applicant within the past five years; c) a former student or teacher within the last ten years; d) a close personal friend; e) a close relative; or f) a scientist with whom you have had long-standing scientific or personal differences.<sup>1</sup>

Is there anyone who you would not wish to be contacted?

If so, please give name(s) and institution(s)

**Note for Graduate Students:** Please note that external reviewers cannot be in conflict of interest with yourself or your Supervisor. Please ensure that the names you provide are not in conflict

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Lay Summary** (maximum 12 lines)

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<sup>1</sup> NSHRF website <http://www.nshrf.ca/programs-services/general-program-requirements/policies-and-ethics>

Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund  
Development Grant

**Proposal (Maximum 2 pages)**

Include Significance, Background, Objectives, Approach, Expertise of Team, Anticipated Outcomes  
and Next Steps

Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund  
Development Grant

**Proposal Continued** (Maximum 2 pages)

Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund  
Development Grant

**Budget**

Personnel	
Professional & Technical Services	
Materials and Supplies	
Equipment	
Meeting Expenses & Honoraria	
Travel	
Other: please specify	
Total	

**Budget Justification**

Provide a detailed budget justification for all expenses. May include one additional page only.

**Budget Justification (continued)**

Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund  
Development Grant

**Team**

If applicable, list the Co-Applicants and describe their role in the project and highlight relevant work done relating to proposal. Please attach an [Abbreviated CV](#) for each. For students, submit CV for Supervisor and Committee Members

Name:

Role:

Description:

Name:

Role:

Description:

Name:

Role:

Description:

Name:

Role:

Description:



Nursing Research & Development Fund and Margaret Inglis Hagerman Research Fund  
Development Grant

Name:

Role:

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Role:

Description:

**Checklist for Development Grant Application:**

Application form

Signatures

Abbreviated CVs from Applicant and Co-Applicants (if applicable)

A copy of Master of Nursing Program/PhD (Nursing) Program Thesis Supervisory  
Committee Approval Form