Innovation Program Application Form

Please complete this form to apply for the Innovation Program. The information you provide will be used to assess your application.

Title

Provide a catchy title for your idea/project.

Please type here.

Tell us about your idea/project (max. 2000 characters)

Give us a description of the idea/project, include the following information: What is it? How would it work? Who would use it? Where would it be used? Is the idea new to NSLHD?

Please type here.

Provide a case for change (max. 2000 characters)

What problem does the idea/project address? What will be the results if we stay the same?

Please type here.

Detail the cost (max. 1000 characters)

Total cost$ , breakdown

Please type here.

Please list how you will implement the project (max. 2000 characters)

List key steps, time frames and who will be involved.

Please type here.

How will you measure/evaluate your project (max. 2000 characters)

What are the key outcomes? How will you measure them? E.g. audit, survey or review. Also include if you have or will engage consumers in your project.

Please type here.

Additional comments/references (max. 2000 characters)

Please type here.

Please name a manager or executive sponsor that supports your application. This is to ensure you have support if you are successful and a copy of your application will be sent to them.

Name: Please type here.

Position: Please type here.

Email address: Please type here.

If you are submitting on behalf of a team, please list your team member’s names:

Name , Position: Please type here.

Name , Position: Please type here.

Name , Position: Please type here.

Your contact details

Full Name: Please type here.

Position: Please type here.

Email address: Please type here.

Phone: Please type here.

Department: Please type here.

Location: Please type here.