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.

Please note that All Fields are mandatory . You must submit your application via this form online.

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1. **Title - Provide a catchy title for your idea/project.**

Enter your answer

2. **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? Please type here.

Enter your answer

3. **Provide a case for change (max. 2000 characters)**

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

Enter your answer

4. **How does the idea improve patient and/or staff outcomes and experience?**

Enter your answer

5. **Detail the cost (max. 1000 characters)**

Total cost $ breakdown. Demonstrate that thought has been given to the long term sustainability of the project eg. Maintenance costs, source of recurrent funding if required, education and training requirements.

Enter your answer

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

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

Enter your answer

7. **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.

Enter your answer

8. **Additional comments/references (max. 2000 characters)**

Enter your answer

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.

9. **Manager/Sponsor Name :**

Enter your answer

10. **Manager/Sponsor Position:**

Enter your answer

11. **Manager/Sponsor Email Address:**

Enter your answer

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

12. **Name , Position of your team members**

Enter your answer

Your Contact Details

13. **Full Name :**

Enter your answer

14. **Position:**

Enter your answer

15. **Email Address:**

Enter your answer

16. **Phone:**

Enter your answer

17. **Department:**

Enter your answer

18. **Location**

Enter your answer