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| **Proposed Innovation/Project Title:** |  | |
| **Innovation/Project Description:** | Name:  Organisation:  Address:  Email:  Telephone number: | |
| **Primary Applicant name - Organisation - Contact Details:** |  | |
| **Employing Trust name:** |  | |
| **Educational Role (if appropriate):** |  | |
| **If this application is on behalf of a number of people, please indicate their names and organisation:** | Name: | Organisation: |
| **N.B. This information will be used to correspond with/contact you throughout the process so please ensure we have all relevant contact details.** | | |
| **Will this Innovation/Project:**  **[Tick as appropriate]** | 1. Create the safest, highest quality health & care services  2. Support building the workforce for the future  3. Support Education & Quality  4. Deliver Value for Money  5. Improve services  6. Prevent ill health & support people to live healthier lives  7. Corporate Services | |
| **Will this Innovation/project provide:** | Leadership  Up-skilling  New Ways of Working Educational Value | |
| **Total amount requested from HEE:** | £ | |
| **Funding year:** | 2019/20 | |
| **Total cost plus VAT where appropriate. *If your bid is over £5,000 please provide 3 comparative quotes.*** *If this is not possible please indicate the reason.* | £ | |
| **Please breakdown the total cost and include VAT where applicable, if VAT free please indicate this:** | £ | VAT free |
| **Are other organisations contributing to this innovation/project? If so, please indicate how much funding has been agreed.**  ***Please list the other sources if applicable*** | £ | Sources: |
| **To which LEP/organisation are the awarded funds to be allocated if successful?** |  | |
| **To which LEP/organisation budget/cost centre will the funds be allocated? (if applicable)** |  | |
| **Please provide contact details of a person at the above LEP/organisation who will manage the finances and receipt of the funds:** | | |
| **Name:**  **Title:**  **Email:**  **Tel No:** | | |
| ***Innovation/project start date:*** | Select date | |
| ***Innovation/project end date:*** | Select date | |
| ***Date submitted:*** | Select date | |

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| **Section 1a: Background and scope – please briefly outline background and scope of this project/innovation.** |
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| **Section 1b: Please provide supporting evidence with this application** |
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| **Section 2: Innovation/Project goal – What is the overall purpose? What will this innovation/project deliver? And how will this proposal enhance postgraduate medical education and training within the South-West Postgraduate Medical Education?** |
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| **Section 3: Does this proposal Require recurrent funding?** | Yes  No |
| ***If yes,*** *please provide details as to how this proposal will be funded in the future:* | |
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| **Section 4a: Which Postgraduate Medical Education training programmes will benefit from this proposal? If all trainees will benefit, tick all 3 programs** |
| Foundation  Primary Care  Secondary Care  Other (please state) |
| **Section 4b: *If Secondary Care has been ticked,* please indicate below the specific Specialty programme(s) that will benefit from this proposal, e.g. -Respiratory, CMT etc.** |
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| **Section 5: Innovation/Project Plan – please list the milestones (key deliverables) you plan to achieve in the shorter, medium, and longer period with timescales and anticipated costs (*please clearly indicate the reporting quarter and end date for each milestone\*)*. Please also note that Evaluation, Dissemination, and Sustainability are mandatory activities (for more details please complete section 8).** | | | | | |
| ***Milestones*** | | ***Start Date:*** | ***End Date:*** | ***Reporting Quarter date*** | ***Anticipated cost (£):*** |
|  |  | Select date | Select date | *Select reporting period* |  |
|  |  | Select date | Select date | *Select reporting period* |  |
|  |  | Select date | Select date | *Select reporting period* |  |
|  |  | Select date | Select date | *Select reporting period* |  |
|  |  | Select date | Select date | *Select reporting period* |  |
| ***Total amount requested:*** | | | | |  |

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| **Section 6: Benefits realisation – what are the anticipated measurable Benefits?** **Please outline what measures you will use to monitor and assess what improvements have been made to the service? (Please add additional rows if needed)** | | | | | |
|  | ***Benefit Description*** | ***Measure Description*** | ***Monitoring Methodology*** | ***Baseline*** | ***Projected Outcome*** |
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| **Section 7: Risk plan – What are the anticipated Risks and how are they going to be mitigated? Please provide details of any risks to the success of the project and how these will be mitigated.** | | | |
| ***Risks and Challenges:*** | ***Severity*** | ***Likelihood*** | ***Mitigating action:*** |
|  | Select Severity | Select likelihood |  |
|  | Select Severity | Select likelihood |  |
|  | Select Severity | Select likelihood |  |

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| **Section 8: Evaluation, Dissemination, and Sustainability – please briefly outline how you plan to evaluate the innovation/project, share the learning, and ensure the outcomes will be sustainable in the future.** |
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| **Section 9: Applicant Declaration** | | | |
| I declare that:   * the information included within this application is correct; * I have the support of the required person(s) within the trust/organisation; * the awarded sum will be used for the purposes as indicated within this application and; * I acknowledge that all invoices must be received by Health Education England by no later 28th February 2020.   *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)*  Please Note: Any late invoices may invalidate any awarded funds and may place the LEP responsible for payment of funds for this proposal | | | |
| ***Primary applicant signature:*** |  | ***Date:*** | *Select date* |

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| **IMPORTANT** |
| * All sections to be completed in order to be eligible for funding. * No salary costs are to be included in the bid. * Quotes are included (if applicable) * Primary contact name is clear (Not HEE employee) * Funds should support trainees & related patient safety/care. * Intellectual property is based on a 50/50 split with HEE and applicant/applicant organisation. * Funds will only be given to an organisation. * Funds must not remain within the HEE school infrastructure. |

***Please return the completed document to*** [***Peninnovation.sw@hee.nhs.uk***](mailto:Peninnovation.sw@hee.nhs.uk)

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| **FOR OFFICE USE ONLY** | |
| ***Date application was received:*** | *Select date* |
| ***Date application was reviewed by the panel:*** | *Select date* |
| ***Application approved?:*** | Yes  No |