DClinSci C1 Module Proforma

Completed forms should be emailed to [admin@mahse.co.uk](mailto:admin@mahse.co.uk)

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| Trainee Details |  |  |
| Name: | Click here to enter text. | |
| Student ID: | Click here to enter text. | |
| University: | Select University from list. | |
| HSST Specialism: | Click here to enter text. | |
| Place of work: | Click here to enter text. | |
| Date proforma submitted: | Click here to enter a date. | |

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| Innovation Project Details | |
| Innovation  working title: | Click here to enter text. |
| Name of proposed workplace supervisor: | Click here to enter text. |
| Contact email of proposed workplace supervisor: | Click here to enter text. |
| Brief outline of the innovation (300 words maximum)  *Please include:* | |
| *(a) A description of the planned innovation and how will this improve the quality of health and care?*  Click here to enter text. | |
| *(b) an outline of your intended method(s) and approach*  Click here to enter text. | |
| *(c) identification of potential stakeholders*  Click here to enter text. | |
| *(d) a summary of patient and public involvement in the innovation*  Click here to enter text. | |

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| Do you intend to use this innovation as a basis for your substantial research project (C2)? | | | | | |
| Yes: |  | **No:** |  | **Don’t know** |  |
| If yes, describe why / how this is appropriate:  Click here to enter text. | | | | | |

# For Office Use Only:

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| Approval of C1 Innovation Project by University | |
| HSST Lead: | Select HSST Lead from list. |
| Signed: |  |
| Date: | Click here to enter text. |