#  **Manchester Academy for Healthcare Scientist Education**

# **Service Improvement and Innovation Fellowships**

# **Project Proposal**

Please read the [application criteria](http://mahse.co.uk/mahse-service-improvement-and-innovation-fellowships/) before completing this form.

Please ensure that you have completed all the required questions which are highlighted with a **\*** and then submit your completed form to projects@mahse.co.uk by 4pm on Thursday 30 November 2017.

## **Applicant Details**

**Principal Applicant**

*Please note that the Principal Applicant will be the main contact for this application.*

|  |  |
| --- | --- |
| **\*** Principal Applicant’s Name *(please include your first name and last name)* |  |
| **\*** Job Title |  |
| Please provide an indication of your salary band *(this information will enable MAHSE to understand the profile of individuals who have applied for the Fellowship scheme and will assist us in evaluating our Research and Innovation Project)* | Please select one of the options below:Band 1-3Band 4-6Band 7-9 |
| **\*** Area of Discipline | Please select one of the options below:Life SciencesPhysiological SciencesPhysical SciencesOther [please specify] |
| **\*** Please specify your discipline (e.g. Clinical Biochemistry, Imaging, Audiology, etc.)  |  |
| **\*** Work Address (including postcode) |  |
| **\*** Telephone Number |  |
| **\*** E-mail Address |  |
| **\*** How did you hear about the Fellowship scheme? | Please select one of the options below:Through Trust (internal communications)TwitterMAHSE websiteEmail circular/e-newsletterOther WebsiteWord of MouthOther [please specify] |

**Co-Applicant 1**

|  |  |
| --- | --- |
| Co-Applicant’s Name *(please include a first name and last name)* |  |
| Job Title |  |
| Work Address (including postcode) |  |
| Telephone Number |  |
| E-mail Address |  |

**Co-Applicant 2**

|  |  |
| --- | --- |
| Co-Applicant’s Name *(please include a first name and last name)* |  |
| Job Title |  |
| Work Address (including postcode) |  |
| Telephone Number |  |
| E-mail Address |  |

## **Authorisation**

Please provide the details of the individual who has given authorisation for you to proceed with the project if the application is successful (this should be the relevant Head of Department or the Principal/Co-Applicant’s line manager):

|  |  |
| --- | --- |
| **\*** Authoriser’s Name *(please include a first name and last name)* |  |
| **\*** Job Title |  |
| **\*** E-mail Address |  |

**\*** **Please tick the checkbox below to confirm that authorisation has been sought prior to submitting the application:**

I, the Principal Applicant, confirm that the above named individual has authorised my application (evidence of authorisation may be requested by MAHSE if your application is successful).

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## **Project Details**

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| **\*** **Title of Project (50 Words)** |
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| **\*** **Aims and Objectives (100 Words)***Describe the overall aims and objectives and outline the innovation/service improvement which this project will address.* |
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| **\*** **Lay Abstract of Proposal (250 Words)***Describe your project in a way that can be understood by a member of the general public.* |
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| **\*** **Scientific Abstract of the Proposal (250 Words)** *Please provide a structured summary outlining the background to your innovation/service improvement, the aims of the work, plan of investigation and a summary of the potential benefits to patients and/or the service.* |
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| **\*** **Background and Rationale (500 Words)***What is the problem being addressed and why is it important?* |
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| **\*** **Why is this Innovation/service improvement important? (250 Words)***How will it help improve how you deliver your service for patients/users?* |
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| **\*** **Project Start Date** |  |
| **\* Project End Date** |  |

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| **\* Plan of Investigation (500 Words)***Describe the proposed plan, including descriptions of methods, the overall design and analysis. You should add as much detail as possible, including, where appropriate sample size, inclusion and exclusion criteria and a timeline.* |
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| **\* Expected Output and Impact (100 Words)***Please describe how the outputs of this project could be translated into service for the benefit of the NHS, in the widest context.*  |
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| **\* Dissemination (100 Words)***Please describe your plans for disseminating the results of your innovation project (for example, planned publications and attendance at conferences or meetings).* |
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| **\* Supervisory Arrangements (150 Words)***Please provide details of the supervisory team, how the applicant/s will be supervised (such as meetings, frequency of meetings, support arrangements, mentoring etc.) and the arrangements for releasing the applicant/s to undertake the project during work time.*  |
|  |
| **\* Professional Development for the Applicant/s (150 Words)***Please describe how the funding would enable you to develop your career and/or knowledge and skills (or the career, knowledge and skills of the applicants you may be supervising as part of the project). If available, please submit a draft personal development plan to* *projects@mahse.co.uk* *to support this section.*  |
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## **Costs**

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| --- | --- |
| **\*** Please specify the amount of funding you are applying for (you can apply for up to £20,000 and this must include any VAT) |  |
| **\*** Please provide a detailed breakdown of how you intend to use the funding (including staffing costs, consumables, any other costs associated with the project, and any VAT that may be incurred) |
|  |

### **Data Protection**

The information provided in this application form will be used by MAHSE and members of the Research and Innovation Project Funding Panel to assess the applications and to make contact with the Principal Applicant, Co-Applicants and the authoriser of the project throughout the stages of the application and shortlisting process. In addition, for successful applications, MAHSE will use the information for the administration of funding and for the final evaluation of the projects. MAHSE will also use the information provided during its evaluation of the MAHSE Research and Innovation Project.

**\* Please select ‘Yes’ to confirm that all applicants and the authoriser of the project accept that the information in this application will be used for the purposes listed above.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Please email your completed application form to** **projects@mahse.co.uk****.**

**MAHSE will acknowledge receipt of all applications therefore if you do not receive an email within 48 hours to say that your application has been received please telephone the MAHSE office on 0161 306 2314.**