**Planned Care Innovation Programme Application Form Template.**

This provides a template version of the Planned Care Innovation Programme application form. To apply for the Planned Care Innovation Programme, applications must be submitted using the [Online Submission Form](https://forms.office.com/Pages/ResponsePage.aspx?id=LrXKu76f1kOi859mxD3yaN3Dqqp4_P1OtN48JoKzRMdUMUQ4R0cyM1EyU1lZQVlVV0E4S0E2NUJZRi4u), which can be found on the Bevan Commission [website](https://www.bevancommission.org/plannedcare).

**Section 1: Applicant(s) Information:**

1.1: Lead applicants name:

1.2: Lead applicants email address:

1.3: Lead applicants telephone number:

1.4: Lead applicants job title:

1.5: Lead applicants organisation:

1.6: Lead applicants work address:

1.7: Lead applicants line managers name:

1.8: Lead applicants line managers job title:

1.9: Lead applicants line managers email address:

1.10: Project executive sponsors name:

1.11: Project executive sponsors job title:

1.12: Project executive sponsors email address:

1.13: Co-applicant or project partner(s) name(s) (if applicable):

1.14: Co-applicant or project partner(s) email address (if applicable):

1.15: Co-applicant or project partner(s) job title (if applicable):

1.16: Co-applicant or project partner(s) organisation (if applicable):

**Section 2: Project Information:**

2.1: What is the title of your project?

2.2: Provide a brief description of the project context and rationale:

2.3: Provide a brief summary or overview of the project:

2.4: Describe the project aim(s) and objective(s):

2.5: Describe how innovative the project is with supporting evidence/justification for this:

2.6: Describe the anticipated outcome(s) and impact of the project:

2.7: Describe how the project will be delivered in the 12-month programme timeframe (including key milestones and anticipated timelines):

2.8: Describe how your project will be evaluated:

2.9: Identify who (which key partners) you will work with to deliver this project:

2.10: Identify how your project has potential for wider adoption and spread:

**Section 3: Project fit with the Planned Care Innovation Programme:**

3.1: Describe how the project aligns with the Prudent Healthcare principles (www.bevancommission.org/prudenthealthcare):

3.2: Identify which of the programme sub-themes your project aligns with (please refer to *Programme Guidance Document* for further information about the programme sub-themes):

*Effective referrals/Advice and Guidance/Treat Accordingly/Follow up Prudently/ Measure What’s Appropriate*

3.3: Provide further detail as to how your project aligns with the identified programme sub themes:

**Section 4: Project Funding:**  
  
4.1: Does your project require funding?

*Yes/No*

4.2: If you are applying for project funding, please outline the amount requested:

4.3: If you are applying for project funding, provide a breakdown and justification of how the requested funding will be used appropriately:

4.4: If this includes staff time (including backfilling), how can you assure the programme that any recruitment will be undertaken in good time and that project leaders will be able to allocate time in their work plans to address the project?

**Section 5: Programme Commitments:**

You are able to take part in the Planned Care Innovation Programme on the basis that you

make the following commitments.

(Please tick all relevant commitments to show that you are committed to them).

5.1: I am committed to participating fully in this programme of networking events (up to 6 days) and I am committed to participating as fully as possible in additional learning opportunities

5.2: I am committed to delivering my project within 12 months (by March 2023 at the latest)

5.3: I am committed to promoting my engagement with the programme, together with the outcomes and lessons that will emerge from my project

5.4: I commit to evaluating my project, including the outcomes and impact

5.5: I or a member of the team will commit to presenting project findings at the programme showcase event

**Section 6: Other Information:**

6.1: Are you content for your contact details to be kept in a database within the Bevan Commission so that they can be used to contact you about other similar information and opportunities in the future? Yes/No

6.2: I can confirm my project is supported by an NHS Wales executive lead: Yes/No

6.3: I can confirm my project is supported by an NHS Wales innovation lead: Yes/No