Strategic Initiatives in Medical Education Fund

2018/19 Application and Project Proposal

For queries relating to this form and/or specific criteria please contact the HETI Medical Education Funds team at [HETI-MedicalEducationFunds@health.nsw.gov.au](mailto:HETI-MedicalEducationFunds@health.nsw.gov.au) or 02 9844 6106.

# Project Details

|  |  |
| --- | --- |
| Project Name | Click here to enter text. |
|  |  |
| Lead Organisation and Site | Click here to enter text. |
|  |  |
| Project Principal  *(Name & Position)* | Click here to enter text. |
|  |  |
| Phone Number/s | Click here to enter text. |
|  |  |
| E-mail | Click here to enter text. |
|  |  |
| Project Sponsor  *(Name & Position)* | Click here to enter text. |
|  |  |
| Phone Number/s | Click here to enter text. |
|  |  |
| E-mail | Click here to enter text. |

|  |  |
| --- | --- |
| Project Description | Max. 1,000 characters |
|  |  |
| Project Objectives | Click here to enter text. |
|  |  |
| Project Deliverables / Outcomes | Click here to enter text. |
|  |  |
| Project KPIs / Milestones | Click here to enter text. |
|  |  |
| Supporting Evidence | eg journal articles, workforce data etc |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you received project funding from HETI previously? | | Yes | No |
|  | | | |
| If Yes: | | | |
| In which financial year? | Click here to enter text. | | |
|  |  | | |
| What was the project title? | Click here to enter text. | | |
|  |  | | |
| Who was the project principal? | Click here to enter text. | | |

# Response to Assessment Criteria

|  |  |
| --- | --- |
| Outline the identified statewide strategic priority area/s that this project will address. | Click here to enter text. |
|  |  |
| How will this project address the priority area/s identified above? | Click here to enter text. |
|  |  |
| Please outline how the project outcomes will be sustained beyond the funding period. | Click here to enter text. |
|  |  |
| Please outline how the project outcomes may be used / shared:   * Across the site/Local Health District   and/or   * With other sites/Local Health Districts. | Click here to enter text. |

# Budget

(Please attach quotes as required)

|  |  |  |
| --- | --- | --- |
| Item | Detail | Amount  (GST exclusive) |
| Salaries  *(include classification, FTE and contract length)* | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Total Salaries | | Click here to enter text. |
| Goods and Services | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Total Goods and Services | | Click here to enter text. |
| Total Project Cost | | Click here to enter text. |
| TOTAL FUNDS REQUESTED | | Click here to enter text. |

# Project Plan Overview

|  |  |  |
| --- | --- | --- |
| Action/Activity | Expected Outcomes | Key Milestones |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Declaration of Support – Chief Executive of Lead Organisation (or Delegate)

|  |  |
| --- | --- |
| Name of Project Principal | Click here to enter text. |
|  |  |
| Name of Project | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Chief Executive (or Delegate) – Full Name | Click here to enter text. | | |
|  | | | |
| Position | Click here to enter text. | | |
|  | | | |
| Lead Organisation | Click here to enter text. | | |
|  | | | |
| Phone Number/s | Click here to enter text. | | |
|  | | | |
| E-mail | Click here to enter text. | | |
|  | | | |
| I support this project application.  I understand the time and commitment that will be required to successfully complete the project and pledge organisational support in enabling the applicant to access workplace staff and infrastructure to deliver the project objectives in line with the submitted application. | | | |
|  | | | |
| Chief Executive (or Delegate) Signature  *(click icon to add e-signature)* |  | Date | Click here to enter a date. |

# Submission Checklist and Declaration

I have:

|  |
| --- |
| Attached evidence of how this project supports the targeted priority area. |
|  |
| Included a detailed budget, including quotes. |
|  |
| Documented support of the Chief Executive (or delegate) of the lead organisation. |

Required of me:

|  |
| --- |
| I understand the reporting requirements for all successful projects. |
|  |
| I understand that the project must be completed in the 2018/19 financial year. |
|  |
| If the project timeline slips I will contact HETI as soon as possible. |

Ethics approval (required for all research projects):

|  |
| --- |
| My project requires ethics approval. (Please refer to page 4 of the FAQ) |
|  |
| My project already has ethics approval. (Please attach evidence of approval) |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Principal Signature |  | Date | Click here to enter text. |