

**THE MEATH FOUNDATION**

**QUALITY IMPROVEMENT FUND**

**Application Form and Criteria for assessment**

**Closing date for applications is 12 noon Tuesday, 19th September 2017**

**Completed forms must be returned by email to**

**meathfoundation@amnch.ie**

Please ensure that this form, when completed, does not exceed an A4 page

**1.1 Lead Applicant**

|  |
| --- |
| Name |
| Address for Correspondence |
|  |
|  |
|  |
| E-mail address |
| Telephone Number |
| Mobile Number |

* 1. **Present Appointment**

|  |
| --- |
|  |

* 1. **Brief summary of Career ( No more than three lines)**

|  |
| --- |
|  |

**2 Project Sponsor (this must be EMT Directorate Lead)**

|  |
| --- |
| Name |
| Position |
| Contact Number Mobile Number |
| E-mail |

€

**3 Grant Requested (to the nearest Euro):**

**4.1 Title of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.2 Summary of the project –**

(a) Please discuss the originality of this proposal and its relevance to Quality Improvement in the delivery of Patient Care

(b) Please state briefly why this proposal is considered to be particularly suitable for funding by the Meath Foundation under the six dimensions listed in the information provided

**5 Details of proposal (use box below only)**

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| --- |
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|  |  |
| --- | --- |
| **6 Quality Improvement / Benefits (use box below only)**  Please outline:  (a) what improvement in quality do you expect to achieve  (b) how will this be measured / evaluated  (c) will there be any financial benefits?   |  | | --- | |  | |

**7 Commencement of the Project (it is advisable that the project is completed within 6 months)**

Commencement Date: …………………………………… Expected Completion Date: ……………………………………

**8 Previous Funding**

**Have you received support from the Meath Foundation in the last 3 years -please give details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Project** | **Amount Awarded** | **Date report presented to the Foundation** |
|  |  |  |  |
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**9 Funding Request**

**9.1 Please provide a detailed break-down of the funding request to include gross costs e.g. VAT and or Employers PRSI etc. along with direct and indirect costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of funding** | **Costs** | **VAT** | **Employers PRSI** | **Total Costs** |
| Salary / Stipend |  |  |  |  |
|  |  |  |  |  |
| Materials /Consumables:  (please state item and number) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Use of facilities/equipment |  |  |  |  |
|  |  |  |  |  |
| Travel costs/Accommodation |  |  |  |  |
|  |  |  |  |  |
| Services/Fees |  |  |  |  |
|  |  |  |  |  |
| Other directly allocated costs: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |

**9.2 Salary Payment**

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| --- |
|  |

**If applicable please justify why there is a requirement for additional staff time and indicate how staff time will be recruited and appointed. (It is essential that the cost involved for staff time is agreed with the Human Resources Department.)**

**9.3 Implementation Costs**

**Please outline any on-going costs (following implementation of the technology / change)**

|  |  |
| --- | --- |
|  | **€** |
|  | **€** |
|  | **€** |

**9.4 Other funding**

**Please outline any other funding available for this project**

|  |  |
| --- | --- |
| **Institution** | **Amount** |
|  | **€** |
|  | **€** |
|  | **€** |

**10 Infrastructure**

**Please outline the infrastructure that will be utilised in this application**

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**11 Publication and Dissemination**

**Please outline the proposed plans for publication or other dissemination of the quality improvement on completion of the project.**

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|  |

**12 Signature**

I have read The Meath Foundation Quality Improvement Fund information and regulations and agree to abide by them.

If funding is made available, I/We

* will ensure that The Meath Foundation's contribution to funding this project is suitably acknowledged in all publications/presentations arising from it.
* provide The Meath Foundation with a report detailing the project undertaken and the quality improvements achieved.
* present the project and the outcomes at The Meath Foundation Research Day and/or The Meath Foundation/Tallaght Hospital Clinical Audit Day
* will inform The Foundation of any changes to details set out in the application

**Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This application must be sponsored and signed by the Applicants Executive Management Team Lead**

**Sponsors name (EMT Lead): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsors signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Quality Improvement Lead**  I certify that this application is in line with the Quality Improvement Programme currently in place at Tallaght Hospital  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mary Hickey, Quality Lead**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please e-mail the completed application to** [**meathfoundation@amnch.ie**](mailto:meathfoundation@amnch.ie)

**13 Details of collaborators**

**Please complete this Section if the project involves a co-applicant(s) or other participants.**

**Co-applicant (1)**

|  |  |  |
| --- | --- | --- |
| Surname | Forename | Title (Dr, Professor etc) |
|  |  |  |

Present appointment

|  |
| --- |
|  |

Brief summary of qualifications and career (no more than 3 lines, including principal appointments)

|  |
| --- |
|  |

If co-applicant has applied to The Foundation for any funding please give details of the most recent applications

|  |  |  |
| --- | --- | --- |
| Date of application (month/year) | Title of project | Amount awarded (list € 0 if unsuccessful) |
|  |  |  |

**Co-applicant (2)**

|  |  |  |
| --- | --- | --- |
| Surname | Forename | Title (Dr, Professor etc) |
|  |  |  |

Present appointment

|  |
| --- |
|  |

Brief summary of qualifications and career (no more than 3 lines, including principal appointments)

|  |
| --- |
|  |

If co-applicant has applied to The Foundation for any funding within the last five years, please give details of the most recent application

|  |  |  |
| --- | --- | --- |
| Date of application (month/year) | Title of project | Amount awarded (list £0 if unsuccessful) |
|  |  |  |