



# The Meath Foundation

## Fondúireacht Na Mí

### QUALITY IMPROVEMENT & INNOVATION FUND

#### Application Form and Criteria for assessment

Closing date for applications is Friday, 18th December 2020

Completed forms must be returned by email to  
[meathfoundation@tuh.ie](mailto:meathfoundation@tuh.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

#### 1.2 Present Appointment

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#### 1.3 Brief summary of Career ( No more than three lines)

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

Name	
Position	
Contact Number	Mobile Number

E-mail

**2 Amount of Funding requested  
(to the nearest Euro):**

€

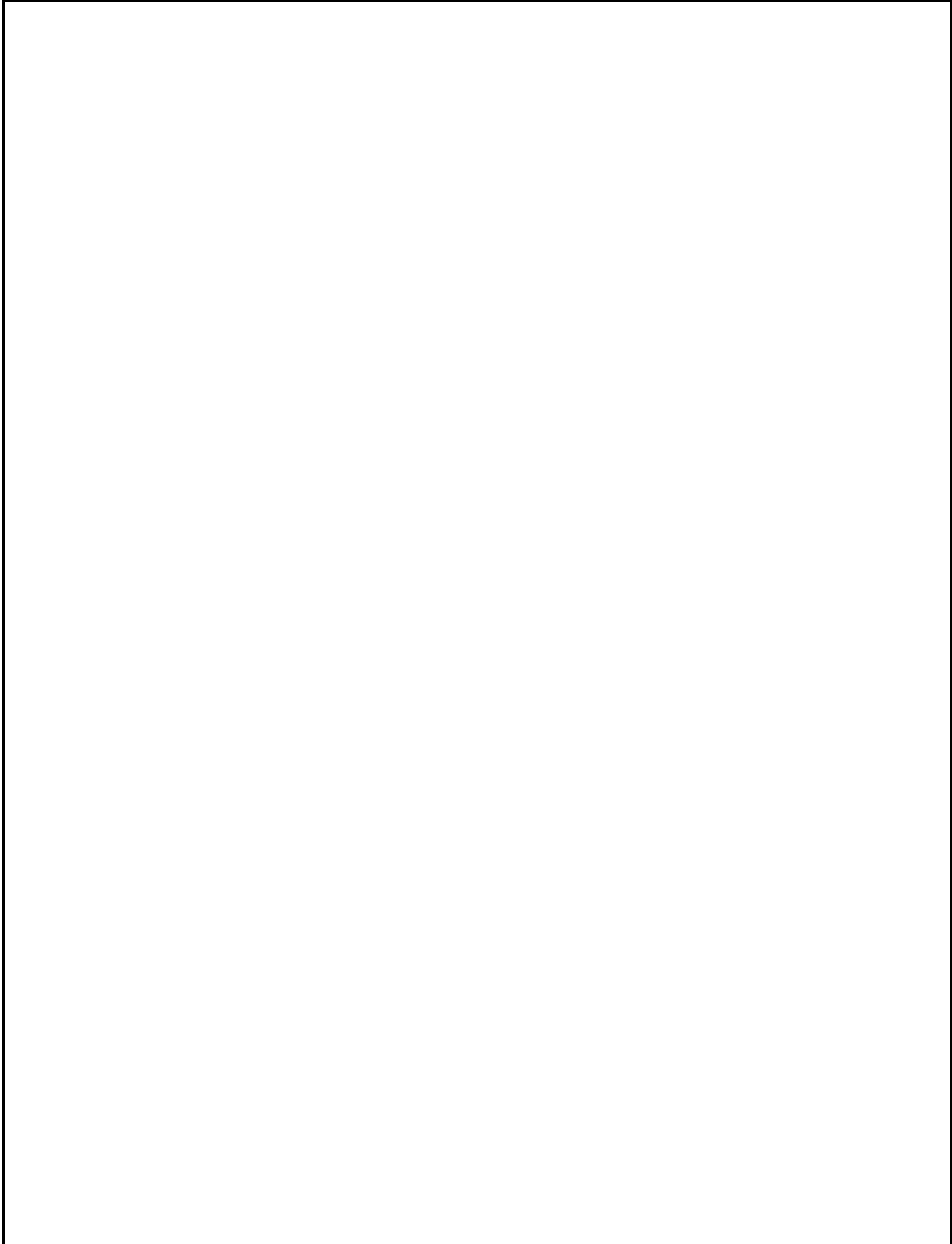
**3.1 Title of the Project:** \_\_\_\_\_

**3.2 Summary of the project –**

(a) Please discuss the originality of this proposal and its relevance to Quality Improvement & Innovation 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)**



**6 Quality Improvement & Innovation / 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) if there will be any financial benefits?

**7 Commencement of the Project:** Expected commencement date:

.....

Expected completion date: .....

**Funding for the project will be available for 6 months following approval. If for any reason the project is delayed written approval must be obtained from The Foundation for an extension to the date funding will be available.**

**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


**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:				
<b>Total</b>				

**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
	€
	€

**9.5 ICT Implementation and Costs**

Please outline any ICT costs associated with the implementation of the project.

The agreement of the Director of ICT must be obtained and he must sign off below.

**10 Infrastructure**

Please outline the infrastructure that will be utilised in this application

**11 Publication and Dissemination**

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

## 12 Signature

I have read The Meath Foundation Quality Improvement & Innovation 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 Symposium 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:** \_\_\_\_\_

**This application must be signed by the Director of ICT if there are any implications/costs for ICT in implementing the project.**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Director of ICT**

### **QUALITY IMPROVEMENT LEAD**

I certify that this application is in line with the Quality Improvement & Innovation Programme currently in place at Tallaght University Hospital

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

**Mary Hickey, Quality Improvement Lead**

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### 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

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

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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

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



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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)

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

***November 2020***