

**RCN Foundation LV= Quality Improvement Project
Application Form**

Important: Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing. Please note:

* **Applications should be typed and sent electronically**
* **Please ensure that you spell out in full any abbreviations used**

Please ensure you have read the guidance and FAQs before completing this form.

**Section 1: Applicant details**

|  |  |
| --- | --- |
| Your name *(Project lead)* |  |
| Your job title |  |
| Employer name |  |
| Full address  |  |
| Telephone |  |
| Email address |  |
| Project team *Please list the individual/s who will be responsible for undertaking the project* |  |
| **NMC Pin Number (if applicable)** |  |
| Brief description of present role |  |
| Pay band |  |

**Section 2: Details of project activity for which funding is sought**

|  |
| --- |
| **Title of the proposed project for which you are seeking funding** (25 words max) |
|  |
| **Description of the proposed project** |
|  |
| **Start date** (month and year): | **End date** (month and year): |

**Section 3: Applicant Statement**

|  |
| --- |
| **Please provide the rationale for the quality improvement project. What evidence do you have that the project is needed?**  |
|  |
| **Please describe what the expected outputs and outcomes are and how this will help reduce the theory and practice gap.** |
|  |
| **Please provide an outline of the timescales for the dissemination of the project.**  |
|  |
| **Please describe how you will disseminate the results and implement the findings of your project.** **Who will be your target audiences and how will you ensure that your patients/residents will report improved quality of care based upon the small step changes supported by your project?** |
|  |
| **How will your quality improvement project help:**1. **Address health inequality and enhance health related quality of life outcomes**
2. **Enhance person-centred care**
 |
|  |
| **Please set out any risks and mitigations relating to the project** |
|  |

**Section 4: Budget breakdown**

|  |  |
| --- | --- |
| **Item (please choose from below options)** | **Amount you are asking us to fund** |
| Project costs |  |
| Staff replacement costs |  |
| Travel  |  |
| Other (please add more columns below) |  |
| **Total** |  |

**Section 5: Supporting References**

**Please ensure you send:**

**Reference from your Manager**

Notes for Manager: Please comment on how the proposed project would fit in with the applicant’s role and professional development and how this activity and its implementation will be supported, e.g., with mentoring or opportunities to influence practice.

**Section 6: Supporting documentation**

**Please ensure that you include the following documentation with your application:**

|  |  |
| --- | --- |
| Equality Impact Assessment (if appropriate) | Yes / No |
| Does the research require:* Health Research Authority (HRA) approval for England and Wales
* NHS Research Ethics Service approval for Scotland
* HSC Integrated Research Application System in Northern Ireland
 | Yes / No |
| CVs for the team | Yes / No |
| Risk register | Yes/ No |

**Section 7: Data Protection and Privacy Notice**

*Once you are satisfied that the information presented above is accurate, please read the following information about data protection to ensure that you agree to these terms.*

* The information on this form will be used to assess your application for a grant. The RCN Foundation need to keep your data on computer files for this purpose
* We may also use the information for accounting, audit, statistical or research purposes
* In submitting this application, you are giving consent to the information provided being shared with external third-party advisors affiliated to the RCN Foundation for the purposes of processing your application
* We will not disclose any of your information outside of the RCN Foundation, unless we are legally obliged to do so or unless you have given us your prior consent
* We will undertake to keep your information strictly confidential and do everything we can to prevent the information being used in any unauthorised or unlawful way
* Our current policy is to retain personal data for a period of 6 years from when a decision on your application is made, after which it will be destroyed
* You have the right to request information about the details we hold about you and we will provide this data as legally required
* We will need your signature in order to process your application.

**Authorisation**

By submitting this application, you are giving your consent to these terms, you give permission for the RCN Foundation to use your data as outlined above.

You have the right to withdraw your consent to the above at any time.

Print name:

Submit one copy of your entire application by email to [grants@rcnfoundation.org.uk](../grants%40rcnfoundation.org.uk) by the closing date.

**Section 8: Equal Opportunities**

**Completion of this section is helpful to ensure that we are aware of the communities applying for this scheme and assists in the implementation of equal opportunities. This information will not form any part of the selection process and will be treated with total confidentiality.**

(Please tick the appropriate boxes).

**A. Your Ethnic Group**

|  |  |
| --- | --- |
| **Asian or Asian British** | **Mixed** |
| * Indian
 | * White and Black Caribbean
 |
| * Pakistani
 | * White and Black African
 |
| * Bangladeshi
* Chinese
* **Any other Asian background**
* **If other, please state:**
 | * White and Asian
* **Any other mixed background**
* **If other, please state:**
 |
|  |  |
| **Black or Black British** | **White** |
| * Caribbean
 | * British
 |
| * African
 | * Irish
 |
| * Any other Black background
* **If other, please state:**

**Any other ethnic group, please state:** | * Any other White background
* **If other, please state:**
 |
| **B. Your Gender** * **Female**
* **Male**
* **Non-binary**

**C. Sexual Orientation*** Bisexual
* Gay
* Heterosexual
* Lesbian
* Other

**D. Do you have a disability?*** **Yes**
* **No**

**E. Your Age*** <20
* 20-29
* 30-39
* 40-49
* 50-59
* 60-69
* 70+

**F. Where you currently live*** England
* Northern Ireland
* Scotland
* Wales
* Other
 |  |

**G. What Region:**

* East Midlands
* Eastern
* London
* North West
* Northern
* South East
* South West
* West Midlands
* Yorkshire and Humber
* Northern Ireland
* Scotland
* Wales
* Other