## Avant Quality Improvement Grants Program 2016 Application form



## Section 1: Personal Information

Title:	Given Name/s:	Family Nan	ne:					
Date of Birth:		Gender:	O Male	O Female				
Address:		Email:						
		Phone:						
Citizenship State	us: O Australian Citizen O New Zealand Citizen	O Austral	lian Permane	ent Resident				
Provide supporting evidence: Attach a copy of your passport, birth certificate or Australian/New Zealand citizenship of proof of permanent residency								
Where did you h	near about these grants?							
What is your spe	ecialty?							
Are you comple	ting this application on behalf of a Practice or Hospital entit	y? <b>O</b> N		es				
If YES, please co	mplete the following, if not go to section 2.							
Name of Entity:								
Address:		Email:						
		Phone:						
Type of Entity:								
Please confirm t	hat the entity holds a Practice Policy with Avant Insurance L	.imited.	No (	Yes				
Section 2: Your P	contact details for the Head of Department or Practice Princi	pai who has		ie project.				
Do you work in:	(select one only) O GP Clinic O Specialists Rooms	O Public He	ospital C	Private Hospital	O Research Institute			
Other (please describe)								
Section 3: Quality Improvement and Leadership Experience								
Provide a summ	hary of your quality improvement experience to date							

Provide key examples of your e	xperience in leading project teams	
Section 4: Your Project		
Title of your project		
	ldress any of the following areas:	
O Handover	O Continuity of Care	O Communication
O Health Literacy	O E-Health/Medical Records	O Appropriate and Evidence Based Care
O Practice Systems	O Quality Use of Medicines	O Missed and Delayed Diagnosis
Is this application for:		
O New project		
-	project – provide details of the original proje	ect
Aim of the project: What is the	e purpose of the project?	
Problem description: Provide of	details of the nature and significance of the	problem you wish to address.
Available knowledge: What is	currently known about the problem, includ	ing any relevant previous studies.
Rationale: Any models, concep	ots or frameworks used to describe the prob	lem, reasons or assumptions behind the project.

Ethical considerations: Please confirm that this project does not require ethics approval as outlined in the NHMRC guidelines, Ethical Considerations in Quality Assurance and Evaluation Activities https://www.nhmrc.gov.au/guidelines-publications/e111									
Plans for sustainability of project outor practice for the benefit of patients.	<b>:omes:</b> Describe how the finc	lings from the project will cor	ntinue to be implemente	d in a day to day					
Describe the type and level of difference this project will make to patients, the quality of healthcare or health policy									
Proposed commencement date:		Proposed completion da	ate:						
Section 5: Project Approval									
Section 6: Funding									
Previous and/or current funding for this	project	*							
Funding Agency	Title of Award	Overall Value	Start Date	End Date					
Other funding that you will seek for this	project								
Funding Agency	Title of Award	Overall Value	Start Date	End Date					
			_	-					
Is the Avant Quality Improvement Gran	it essential for the commence	ement or continuation of you	r project? O No	<b>O</b> Yes					
What is the value of the grant sought?									
Declaration by applicant									
I certify that the information supplied in I consent to such enquiries being under of the Avant Quality Improvement Gran	taken as part of the grant ass	essment process. I have read	and understood the Tern	ns and Conditions					
In cases where project approval is require Principal has reviewed the information s funding from Avant.									

Signature:

Date: