

# 2025/26 Nursing and Midwifery Innovation Scholarships

## Application Form

LEAD PERSON		
Name:		
Position:		
Work Area:		
Facility - Employed:		
LHD/Network:		
Work No:	Mobile No:	
Email:		
Postal Address:		
Suburb:	State:	Post Code:
PROJECT TEAM		
<p>Please include a complete list of project team members with your application. For each team member please provide the following information:</p> <p>Name, Position, Work Area, Facility – Employed, LHD/Network, Work No., Mobile No. and Email</p> <p>Please note:</p> <ul style="list-style-type: none"> <li>- <i>Projects must be nursing and midwifery led</i></li> <li>- <i>80% of an applicant team must be nurses and/or midwives employed in the NSW public health system.</i></li> </ul>		

PROJECT DETAILS		
Project Title:		
Funding Requested: \$		
CHECKLIST – OFFICE USE ONLY		
<input type="checkbox"/> Application Form	<input type="checkbox"/> Project Submission	<input type="checkbox"/> Budget
<input type="checkbox"/> Project Team List (if applicable)	<input type="checkbox"/> Letter of Support from LHD/SN Director of Nursing and Midwifery	<input type="checkbox"/> Referencing
Panel Score:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Amount Awarded: \$		
Comments:		
PROJECT SUBMISSION		
NOTES		
<ul style="list-style-type: none"> <li>• Use the headings below to set out your application. You may enter information into each section below. Additional (and relevant) information can be emailed with the application</li> <li>• If possible, your application should be no more than 2,000 words</li> <li>• Use simple, direct and common Australian English</li> <li>• Tables and figures should be appropriately labeled and clearly presented</li> <li>• Once completed, your application should be saved, scanned and emailed to the Nursing and Midwifery Office</li> </ul>		
PROJECT TITLE		

## **AIM**

*How does this project meet the eligibility criteria for an innovation scholarship?*

*You must have an innovative idea addressing at least one of the following priority areas:*

- *person centered care*
- *quality and safety*
- *integrated care*
- *Future Health Strategic Framework outcomes*
- *compassionate practice*
- *enhancing workplace culture and staff wellbeing*
- *new models of care to strengthen nursing and midwifery practice*
- *climate risk and net zero*

## **BACKGROUND**

*How did the idea for this innovation come about? An innovative approach is usually something that hasn't been tried before, or a new approach to an existing problem or issue.*

*Please note:*

- *Funding will not be given for services that are considered core business of local health districts/specialty networks*
- *The Innovation scholarships do not fund the research component of projects*
- *Funding cannot be used for tertiary education or other courses*

**METHOD**

*What is the approach for this project?*

*Please note:*

- *The Innovation scholarships do not fund the research component of projects.*

**OUTCOMES AND EVALUATION**

*How will you measure the success of the project?*

**PROSPECTIVE TIMEFRAME**

*2025/2026 financial year*

**FUTURE SCOPE**

*How would this innovation be transferable across the local health district / specialty networks?*

**BUDGET**

Please provide an itemized budget indicating how the grant will be utilized (e.g. salaries, publication expenses, administration costs etc.)

The maximum value of the Innovation Scholarship is \$15,000.

**Note:** No more than 25% of funding may be used towards items of capital expenditure, travel, accommodation, equipment or other similar expenses.

<b>Proposed Budget</b>		<b>Cost</b>
<b>1. Salaries/Wages</b>	Positions, grade, duration, FTE, etc.	\$
<b>2. Administration</b>	Printing, binding, photocopying etc.	\$
<b>3. Equipment</b>	Telephone, storage etc.	\$
<b>4. Miscellaneous</b>	Any other costs	\$
<b>TOTAL</b>		<b>\$</b>

**DISSEMINATION OF PROJECT OPTIONS****REFERENCES**

*Please use the Harvard System of Referencing*