Innovation Award – application form 2024

Please read the guidance notes and refer to the marking schedule before completing this form. They can be found in the funding section of the [CPD@RCOT webpage](https://www.rcot.co.uk/cpd-rcot).

Office use only

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| --- | --- |
| Application reference number: | Date received: |
| Acknowledgment: | Eligibility screening: |

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| **Section one: activity** | | | | | |
| Title of activity | |  | | | |
| Activity start date | |  | | Activity end date |  |
| 1. Give a brief description of the setting where the project/activity will be undertaken. This may include clinical details, funding, management, staffing, the context and the activities of the service (300 words max). | | | | | |
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| Word count |  | | | | |
| 1. Ethics: outline the ethical issues with this project (even if formal ethical approval is not required) and include any relevant permissions required to undertake the project/activity (250 words max) | | | | | |
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| Word count |  | | | | |
| 1. Is ethical approval required? | | | Yes/No (delete as appropriate) | | |
| If yes, give application reference number and provide a copy of the confirmation if already granted, or indicate when you expect approval. | | | | | |
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| **Section two: project plan****Please provide information under the headings below.** | |
| 1. State the rationale for the project including five key references where relevant (500 words max). | |
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| Word count |  |
| 1. Provide project details and design (100 words max). | |
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| Word count |  |
| 1. Give details about methods of assessment and measurement of outcomes (100 words max). | |
|  | |
| Word count |  |
| 1. Describe the main milestones/deliverables for the activity/project (100 words max). | |
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| Word count |  |
| 1. Provide a dissemination plan (to communicate the outcomes/findings of the activity/project) (100 words max). | |
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| **Section three: supporting statement****Provide a supporting statement in the space below (don’t attach a separate document)**. | |
| 1. State the purpose of the project and how you consider it to be innovative/developmental (200 words max). | |
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| Word count |  |
| 1. Describe the overall aim of the project (what you intend to achieve, learn or develop) and up to three objectives (how you will achieve the aim) (100 words max). | |
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| Word count |  |
| 1. Explain how the award will be used to support the proposed activity/project (100 words max). | |
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| Word count |  |
| 1. Describe how the outcomes of your project will benefit the occupational therapy service, people who access occupational therapy services/carers and the profession (200 words max). | |
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| Word count |  |
| 1. Explain how involvement in the project contributes to your continuing professional development, demonstrating how it will enhance your future practice (100 words). | |
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| Word count |  |

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| **Section four: financial assistance** | | |
| 1. What is the expected overall cost of the activity? | | £ |
| 1. Give a breakdown of the financial support requested from the Innovation Award. These must be actual costs expected to incur. Total sum requested should not exceed the award sum available (£2000). | | |
|  | | |
| Total: | £ | |
| 1. If the activity is being supported, or considered for support, by any other organisations, including RCOT, please provide details below: | | |
| Applied to: |  | |
| Amount of funding sought: | £ | |
| Amount of funding receive/promised: | £ | |
| 1. Please give details of any other sources of funding not covered above: | | |
|  | | |

# Supporting evidence

Please attach with your application form documentary evidence confirming your participation in the planned activity (refer to the award specific guidance notes) and ethics approval(s) if relevant. List your attachment(s) below:



# Declaration

I have read the guidance notes, including the award specific guidance relevant to this award application: Yes/No(delete as appropriate)

I have completed the application form myself: Yes/No (delete as appropriate)

|  |  |
| --- | --- |
| Signature/name of applicant: |  |
| Date |  |

**Details**

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| --- | --- | --- | --- | --- |
| **Section five: individual or lead applicant personal details** | | | | |
| Title: |  | | | |
| Surname: |  | | Forenames: |  |
| Daytime contact number: |  | | | |
| Email: |  | | | |
| BAOT No: |  | | | |
| Date (month and year) BAOT membership commenced: |  | | | |
| Brief curriculum vitae Provide the information requested in the spaces below. Do not attach a separate CV. | | | | |
| Give details of professional and academic qualifications (degrees, diplomas), including type/name of qualification, subject area, institution/awarding body and dates. (200 words max) | | | | |
|  | | | | |
| Word count |  | | | |
| Award information source (where did you hear about this award?) | |  | | |
| Where is this application being submitted from: | | England/Scotland/Wales/Northern Ireland (delete as appropriate) | | |

**Second Applicant Personal Details**

**Section 4: Second Applicant Personal Details**

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| **Section five: second applicant personal details** | | | | | |
| Title: |  | | | | |
| Surname: |  | | Forenames: | |  |
| Daytime contact number: |  | | | | |
| Email: |  | | | | |
| BAOT No: |  | | | | |
| Date (month and year) BAOT membership commenced: |  | | | | |
| **Brief curriculum vitae**  Provide the information requested in the spaces below. Do not attach a separate CV. | | | | | |
| Give details of professional and academic qualifications (degrees, diplomas), including type/name of qualification, subject area, institution/awarding body and dates. (200 words max) | | | | | |
|  | | | | | |
| Word count: | |  | | | |
| Award information source (where did you hear about this award?) | | | |  | |
| Where is this application being submitted from: | | | | England/Scotland/Wales/Northern Ireland (delete as appropriate): | |

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| **Section five: third applicant personal details** | | | | | |
| Title: | |  | | | |
| Surname: | |  | | Forenames: |  |
| Daytime contact number: | |  | | | |
| Email: | |  | | | |
| BAOT No: | |  | | | |
| Date (month and year) BAOT membership commenced: | |  | | | |
| **Brief curriculum vitae**  Provide the information requested in the spaces below. Do not attach a separate CV. | | | | | |
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| Word count: |  | | | | |
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| Where is this application being submitted from: | | | England/Scotland/Wales/Northern Ireland (delete as appropriate): | | |

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| Section five: fourth applicant personal details | | | | |
| Title: | |  | | |
| Surname: | |  | Forenames: |  |
| Daytime contact number: | |  | | |
| Email: | |  | | |
| BAOT No: | |  | | |
| Date (month and year) BAOT membership commenced: | |  | | |
| **Brief curriculum vitae**  Provide the information requested in the spaces below. Do not attach a separate CV. | | | | |
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| Where is this application being submitted from: | | | England/Scotland/Wales/Northern Ireland (delete as appropriate): | |