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**PSNZ INNOVATION FUND**

**APPLICATION FORM**

Please send answer all questions and return your completed form to [admin@paediatrics.org.nz](mailto:admin@paediatrics.org.nz)

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| --- |
| **Your Details** |

|  |  |
| --- | --- |
| **NAME:** |  |
| **ADDRESS:** |  |
| **EMAIL:** |  |
| **PHONE:** |  |
| **POSITION:** |  |
| **EMPLOYER:** |  |

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| --- |
| **Activity Details** |

|  |  |
| --- | --- |
| **ACTIVITY TITLE:** |  |
| **ACTIVITY TYPE:** |  |
| **LOCATION:** |  |
| **START DATE:** |  |
| **COMPLETION DATE:** |  |

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| **What are you intending to do?** |
|  |
| **How will the proposed project support or meet the purpose of the Innovation Fund?** |
|  |
| **How does the proposed project uphold each article of Te Tiriti o Waitangi, as outlined in the** [**PSNZ Strategic Plan**](https://www.paediatrics.org.nz/files/1693901421_PSNZ_Full_Strategic_Plan_2021-2026_revised_March_2022.pdf)**?** |
|  |
| **Please provide details about the opportunities that the proposed project will provide for advancing equity.** |
|  |
| **How does the proposed project support or link to your scope of practice?** |
|  |
| **How will you determine the success of your project?** |
|  |
| **What is the likelihood your innovation will be sustained after you complete your project?** |
|  |
| **What other sources of funding have you explored to support this proposed project?** |
|  |
| **Provide details of the amount of funding you are seeking from the Innovation Fund, including details of the proposed costs.** |
|  |

I agree:

1. To produce invoices and receipts once my activity is completed so that reimbursement

can be arranged.

1. To complete the Innovation Fund Grant Activity Report within one month of completing the activity and send to the Innovation Fund Committee via admin@paediatrics.org.nz.
2. To share with my colleagues information and knowledge gained by me as a result of

the project

1. To acknowledge the support of the PSNZ in any publication or promotion related to the

activity.

|  |  |
| --- | --- |
| Applicant Signature: | Date: |