1. **APPLICATANT DETAILS**

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|  **Applicant name:** |  |
| **Applicant email:** |  |
| **Applicant phone number;** |  |
| 1. **Hospital/site:**
 |  |
| 1. **Hospital/site Address:**
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**APPLICANT ELIGIBILITY**

1. **Provide details of your role i.e., nursing or allied health (specify which field e.g., occupational therapy)**

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| 1. Role:
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**Project Summary**

1. **Is ethical approval for this project required?**
2. Yes [ ]  No [ ]

**If ethical approval is required, has it been obtained/applied for?**Please provide written confirmation when available.

1. Yes [ ]  No [ ]  N/A [ ]
2. **Project title**
3. In no more than **25 words**, provide the project title

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1. \_/25 words
2. **Project Aim**
3. In no more than **50 words**, provide a summary of the project outline the aim of the project

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1. **Project background**
2. In no more than **75 words**, outline why the project is needed

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1. \_/75 words
2. **Project methodology**
3. In no more than **100 words**, outline how the project has been done and include how stroke data have been used in the project.

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1. \_/100 words
2. **Clinical Guidelines for Stroke Managent**
3. In no more than **50 words**, detail which specific clinical guideline/s were the focus of this project

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1. \_/50 words
2. **Impact and outcomes of project (s)**
3. In no more than **200 words**, outline how the project has led to improvements in care being delivered at your site, improved practice at your site according to guidelines or frameworks, and/or improved your patient outcomes.

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\_/200words

**Certifications**

1. **Certification by applicant**
2. [ ]  I certify that to the best of my knowledge the details provided in this application form are true and complete.

|  |  |  |
| --- | --- | --- |
| 1. **Name of applicant**
 | 1. **Signature of applicant**
 | 1. **Date**
 |
|  |  | 1. Click or tap to enter a date.
 |

1. **Certification by the Head of Department**
2. [ ]  I certify that:
* To the best of my knowledge all details on this application form are true and complete;
* This institution supports this submission

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| 1. **Name of Head of Department**
 | 1. **Position**
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|  |  |
| 1. **Signature of Head of Department**
 | 1. **Date**
 |
|  | 1. Click or tap to enter a date.
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