
# Application for the

# Innovation Award 2018

**Please read the Notes for Guidance and refer to the marking schedule before completing this form, both of which are located at:** [**www.rcot.co.uk/news-and-events/awards-and-funding/rcot-awards**](http://www.rcot.co.uk/news-and-events/awards-and-funding/rcot-awards)

## Office use only

|  |  |  |
| --- | --- | --- |
| Reference number | Date received | Eligibility screening  |
|  | Acknowledgement  | Result Letter |
|  |  |
| **Personal Details** (of lead applicant for group activity) |
| Title:  |
| Surname: | Forenames: |
| Address for correspondence: |
| Daytime contact telephone number: |
| Email: |
| BAOT No: |
| Date (month & year) BAOT membership commenced: |
| Group activity applications only - name and BAOT number of occupational therapy personnel involved in the activity: |
| Previous Funding | **Yes** | **No** |
| Have you received funding from RCOT before? |  |  |
| If yes, please give the name of the Award/s, the year awarded and sum received: |
| **Award Information Source** |
| Where did you hear about this award: |

### Curriculum Vitae (lead applicant) Provide the information requested in the spaces below. Do not append separate CV

|  |
| --- |
| Give details of professional and academic qualifications (degrees, diplomas), including type/name of qualification, subject area, institution/awarding body and dates |
| **Current Position**Job title/banding or pre-registration student:Employer / University (pre-registration student applicants): Date commenced in post:Commencement and end date of pre-registration course: |
| **Previous two posts held** (chronological order). Include title of post, employer and dates1.2. |
| **Other information relevant to the application (research, publications, education, experience) (200 words max)** |

### Project details

|  |
| --- |
| **Title of the project:** |
| **Proposed start and end dates:** |
| **Authorisation:** Name/designation/address of the person/people who has given permission for the project to be undertaken |
| **Setting:** give a brief description of the setting where the project will be undertaken. This may include clinical details, funding, management, staffing, the physical setting and the activities of the unit (**250 words max**) |
| **Ethics:** outline the ethical considerations, and any relevant permissions required to undertake the activity (**250 words max)** |
| **Is ethics approval required?** yes / no |
| If yes: give application reference and provide a copy of the confirmation if already granted, or indicate when approval is anticipated |
| **Project plan:** (max **2 sides** of A4, min 10pt Arial font) refer to the award specific guidance notes for what to include in this section  |

### Supporting Statement

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| --- |
| Provide a supporting statement in the space below (do not append a separate document), using appropriate headings (max **1 side of A4** including references, min 10pt Arial font). Refer to the award specific guidance notes for what to include in this section |

### Financial Assistance

|  |  |
| --- | --- |
| What is the anticipated overall cost of the project? | £ |
| Give a breakdown of the financial support you are requesting from the Innovation Award. These must be actual costs that you expect to incur. (The total sum should not exceed the advertised sum available.) For backfill costs, please indicate staff salary scale and time allocated to the project. For a group activity, state the salary scales and time allocation of additional participants. |
|  |  |
| Total | £ |
| If the project is being supported, or considered for support, by any other organisations please provide details below: |
| Applied to:Amount of funding sought:Amount of funding received/promised:  |
| Please give details of any other sources of funding not covered above: |

**Corroborative 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:

1.

2.

**Declaration**

Please tick the confirmation boxes below:

|  |  |
| --- | --- |
| I have read the Notes for Guidance including the award specific guidance relevant to this award application |  |

|  |  |
| --- | --- |
| I have completed the application form myself |  |

Signature / name of applicant: Date: