**Application Form**

**HMI Leaders Award 2016**

**Applicant details**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Work address |  |
| Work email |  |
| Contact number |  |
| Job title |  |
| Date |  |

**Or**

**Nominator details (if applicable)**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Work address |  |
| Work email |  |
| Contact number |  |
| Job title |  |
| Date |  |

**Verification**

It is important that your nomination is verified. Please request your CEO/Director/Manager to support this application in order to verify your application.

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Contact number |  |
| Date |  |

Completed applications should be forwarded to: rosemarie@hmi.ie

Late applications will not be accepted.

Closing date for applications is **25 may 2016.**

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Please complete all sections providing information on how you meet all criteria.

**N.B**. Only the information that is contained on the application form will be considered by the panel. Supplementary material **will not** be considered at the first stage of the judging.

|  |
| --- |
| Title of your project |
| Brief description of your project (word limit 200 words) |
| What were the objectives? (word limit 300 words) |
| Outline your/your team’s vision? (word limit 300 words) |
| What were the risk factors/what risks did you take? (word limit 300 words) |
| What was the process followed? (word limit 300 words) |
| What barriers did you/team encounter and what solutions did you/team devise? (word limit 300 words) |
| What were/are the benefits of your project? (e.g. improvement in patient outcomes, improvement in patient experience, safety and quality improvements, financial gains) (word limit 300 words) |
| How have you taken into account the effective and efficient use of resources in the achievement of your objectives? (word limit 300 words) |
| How are your outcomes transferable to other situations or services? (word limit 300 words) |
| Can you identify the innovative approaches you adopted in achieving your objectives? (word limit 300 words) |
| Any additional information in support of your application: (word limit 300 words) |

**Evaluation Criteria**

|  |  |
| --- | --- |
| **Criteria** | **Indicators** |
| Description | Evidence of * Background and rationale for project
 |
| Objectives | Evidence of:* How objectives were identified
 |
| Vision | Evidence of:* How vision was formed and sustained
 |
| Risk factors | Evidence of:* Risk factors identified
* How risk factors were managed
 |
| Process followed | Evidence of:* How objectives once identified were measured during timeframe of the project
* How outcomes were measured at conclusion of project
 |
| Barriers and solutions | Evidence of:* Leadership role in overcoming barriers and identifying solutions
* Engagement of fellow professionals, managers in moving this project forward
 |
| Effective and efficient use of resources | Evidence of:* Significant contribution to the efficiency of the work they perform
* Improved services to service users through efficiencies and reform
* The effective use of resources (i.e. what was spent on the project? What were the sources of funding? How was it spent? Did it represent good value for money? How? What savings were identified?
 |
| Transferable outcomes | Evidence of:* How outcomes are transferable and sustainable to other situations and services
 |
| Innovation  | Evidence of:* An innovative approach in the planning and delivery of the project
 |
| Benefits | Evidence of:* Improved outcomes for patients
* Improvement in safety and quality of service
 |