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| **Simulation Title:** |  |
| **Simulation Description:** |  |
| **Primary Applicant name - Organisation - Contact Details:** | *Name:*  *Organisation:*  *Address:*  *Email:*  *Tel number:* |
| **Employing Trust name:** |  |
| **Educational Role (if appropriate):** |  |
| **Head of School name:** |  |
| **Finance team contact name:** |  |
| **If this application is on behalf of a number of people, please indicate their names and organisation:** | *Name: Organisation:*  *Name: Organisation:* |

**N.B. This information will be used to correspond with/contact you throughout the process so please ensure we have all relevant contact details.**

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| **What will the funding support:**  *(Tick as appropriate)* |  | *1. Create the safest, highest quality health & care services* |
|  | *2. Support building the workforce for the future* |
|  | *3. Support Education & Quality* |
|  | *4. Deliver Value for Money* |
|  | *5. Improve services* |
|  | *6. Prevent ill health & support people to live healthier lives* |
|  | *7. Corporate Services* |

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| **Will this Simulation Proposal provide:** |  | *Leadership* |  | *New ways of working* | |
|  | *Up-skilling* |  | *Educational value* | |
| **Total amount requested from HEE:** | **£** | | | |
| **Funding year:** | **2020/21** | | | |
| **Total cost plus VAT where appropriate. If your bid is over £5000 please provide 3 comparative quotes.** *If this is not possible please indicate the reason.* | **£** | | | |
| **Please breakdown the total cost and include VAT where applicable, if VAT free please indicate this:** | **£ VAT free – Yes / No** *(Please delete)* | | | |
| **Are other organisations contributing to this proposal? If so, please indicate how much funding has been agreed.**  *Please list the other sources if applicable.* | **£**  **Sources:** | | | |
| **To which LEP/organisation are the awarded funds to be allocated if successful?** |  | | | |
| **To which LEP/organisation budget/cost centre will the funds be allocated?** |  | | | |

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| **Please provide contact details of the nominated finance lead at the above LEP/organisation who will manage the incoming and outgoing finances for this proposal:** |
| **Name:**  **Title:**  **Email:**  **Tel No:** |

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| **Proposal start date:** |  |
| **Proposal end date:** |  |
| **Date submitted:** |  |

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| **Section 1a: Background and scope – please briefly outline background and scope of the proposal.** |
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| **Section 1b: Please provide supporting evidence with this application.** |
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| **Section 2: Goal – What is the overall purpose? What will this proposal deliver? And how will this proposal enhance postgraduate medical education and training within the South West Postgraduate Medical Education?** |
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| **Section 3a: Which Postgraduate Medical Education training programmes will benefit from this proposal? If all trainees will benefit, tick all 3 programs.** | | | | | | | |
|  | Foundation |  | Primary Care |  | Secondary Care |  | Other *(Please state)* | |
| **Section 3b: *If Secondary Care has been ticked,* please indicate below the specific Specialty programme(s) that will benefit from this proposal, e.g. -Respiratory, CMT etc.** | | | | | | | |
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| **Section 4: Benefits realisation – what are the anticipated measurable benefits?** **Please outline what measures you will use to monitor and assess what improvements have been made to the service?** *(Please add additional rows if needed)* | | | | | |
| ***Benefit Description*** | | ***Measure Description*** | ***Monitoring Methodology*** | ***Baseline*** | ***Projected Outcome*** | |
| **1.** |  |  |  |  |  | |
| **2.** |  |  |  |  |  | |
| **3.** |  |  |  |  |  | |

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| **IMPORTANT** |
| * All sections to be completed in order to be eligible for funding. * No salary costs are to be included in the proposal. * Quotes are included (if applicable) * Primary contact name is clear (Not an HEE employee) * Funds should support trainees as part of their training programme and related patient safety/care. * Intellectual property is based on a 50/50 split with HEE and applicant/applicant organisation. * The maintenance of any equipment purchased with this funding is the responsibility of the trust. * Funds will only be given to an organisation. * Funds must not remain within the HEE school infrastructure. * Funds cannot be used towards IT infrastructure. |

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| **Section 5: Applicant Declaration** | | | |
| I declare that:   * the information included within this application is correct * I have the support of the required person(s) within the trust/organisation * I acknowledge that the maintenance of any equipment purchased with this funding is the responsibility of the trust. * the awarded sum will be used for the purposes as indicated within this application and * I acknowledge that any invoices will be received by Health Education England by no later 28th February 2021. *(If applicable.)*   *(****ONLY*** *scanned electronic signatures or supporting emails will be accepted)*  Please Note: *Any late invoices may invalidate any awarded funds and may place the LEP responsible for payment of funds for this proposal.* | | | |
| **Primary applicant signature:** |  | **Date:** |  |

***Please return the completed document to*** [***Peninnovation.sw@hee.nhs.uk***](mailto:Peninnovation.sw@hee.nhs.uk)