

**The Victorian Nursing and Midwifery Trust –**  
(Formally the Nurses Board of Victoria Legacy Limited)  
**Major Grant Application form 2022**

## Submission

The Victorian Nursing and Midwifery Trust (formally the Nurses Board of Victoria Legacy Limited) is seeking applications direct from health services for major grant funding to undertake dedicated nursing and/or midwifery research and education. It is envisaged that up to \$100,000 per grant will be awarded this year for disbursement in 2022.

As the number of applications for major grants are expected to exceed funding, only one application per health service will normally be accepted. The Trustee considers the health service to be in the best position to judge the merits of its potentially competing applications.

However, a major health service operating over several sites may submit a second application for consideration provided at least one application relates to research in the area of aged care or mental health.

The terms of The Victorian Nurses and Midwives Trust require the research and education to advance and foster the practice of nursing or midwifery in Victoria to improve patient outcomes.

This is an exciting opportunity for health services to be innovative, lead dedicated nursing or midwifery research and contribute to an improvement in practice and better patient outcomes.

The health service may partner with other Victorian health services and/or academic bodies; however, this is not mandatory. The health service must be the primary partner and it must be evident, they are leading the project.

Funding **will not** be provided for clinical trials or research that cannot clearly demonstrate practical outcomes and better patient care. No funding will be provided to support conference attendance, or study tours.

## Instructions for completion

All submissions should use this submission template.

All parts of this template should be completed and the submission lodged before the closing date for submissions.

Any additional supporting information should be attached to the completed submission and clearly referenced.

A joint submission must be signed and dated by the Executive Director Nursing and Midwifery of each health service and the lead academic partner (if any).

**Submissions must be delivered via email to:** [oro@iinet.net.au](mailto:oro@iinet.net.au)

**Closing date: COB Tuesday 31<sup>st</sup> August 2021. Late applications will not be accepted.**

## 1. Lead health service details

**A health service must be the lead for the project and the project should identify how any outcomes will have a direct impact on day-to-day nursing / midwifery patient care.**

|     |  |  |
|-----|--|--|
| 1.2 | <b>Name of service provider</b>                          |  |
|     | <b>Postal address</b>                                    |  |
|     | <b>Office address (if different from postal address)</b> |  |
|     | <b>Contact person</b>                                    |  |
|     | <b>Position/title</b>                                    |  |

|  |                  |  |
|--|------------------|--|
|  | Telephone number |  |
|  | E-mail address   |  |

## 2. Academic Partner details (as applicable)

|     |   |  |
|-----|---|--|
| 2.2 | Name of institution                               |  |
|     | Postal address                                    |  |
|     | Office address (if different from postal address) |  |
|     | Contact person                                    |  |
|     | Position/title                                    |  |
|     | Telephone number                                  |  |
|     | E-mail address                                    |  |

## 3. Second Partner health service details (as applicable)

|     |   |  |
|-----|---|--|
| 2.2 | Name of service provider                          |  |
|     | Postal address                                    |  |
|     | Office address (if different from postal address) |  |
|     | Contact person                                    |  |
|     | Position/title                                    |  |
|     | Telephone number                                  |  |
|     | E-mail address                                    |  |

## 4. Overview of proposal

Provide a brief overview of your proposal in plain English.

<this section can be expanded>

## 5. Submission Evaluation Criteria

Provide your responses against each of the evaluation criteria

### Criterion 1: Experience and expertise to deliver the proposed project

Your response to this criterion: <this section can be expanded – word limit 800 words>

*Evidence of:*

- *Personnel leading the project*

- *Advantages of the partnership model (as applicable)*
- *Track record of achievement*
- *Commitment of organisation to support individual project holder / researcher*

## **Criterion 2: Identification of the gap in service provision or clinical practice capability**

Your response to this criterion: <this section can be expanded - word limit 800 words>

### *Evidence of the 'why':*

- *Key driver(s) for the project*
- *How will it impact the health service / patient care*
- *Is there local data to support the need?*
- *Alignment to industry quality and safety regulations (eg: NHSQSA)*
- *Impact and opportunity for change*

## **Criterion 3: Proposed intervention**

Your response to this criterion: <this section can be expanded - word limit 800 words>

### *Evidence of:*

- *Scope*
- *Key stakeholders – including consumer engagement and co-design (as applicable)*
- *Methodology and alignment to existing research*
- *Key milestones and timelines*
- *Resources*
- *Evaluation framework*

## **Criterion 4: Organisational capacity and readiness**

Your response to this criterion: <this section can be expanded - word limit 800 words>

### *Evidence of:*

- *Commitment and support at a senior organisational level (preferably executive)*
- *Alignment to organisational strategic priorities*
- *Identification of lead partners (including multidisciplinary – as applicable)*

## **Criterion 5: Sustainability**

Your response to this criterion: <this section can be expanded - word limit 800 words>

### *Evidence of:*

- *Consideration of 'next steps'*
- *Rigour of evaluation phase*
- *Application of sound project or research methodology*
- *Opportunity to expand and disseminate findings (publication/ conference etc)*

## 6. Budget

### Proposed Salary and Wages cost *(add more rows if necessary)*

| Staff   | Salary | FTE percentage | \$ Amount |
|---|--------|----------------|-----------|
| Project Lead #1 (provide role name and institution) | \$     |                | \$        |
| Project Lead #2 (provide role name)                 | \$     |                | \$        |
| <b>Total staff cost</b>                             |        |                | <b>\$</b> |

### All costs

| Item   | \$ Amount |
|--|-----------|
| Project Lead (use the figure from the table above) | \$        |
| Equipment  | \$        |
| Data analysis                                      | \$        |
| Management and administration cost                 | \$        |
| other  |           |
| <b>Total cost including GST (if applicable)</b>    | <b>\$</b> |

## 7. Qualifications and experience of key staff

|  |  |
|--|--|
| Name   |  |
| Title/office held                                  |  |
| Qualifications                                     |  |
| Evidence of current nursing/midwifery registration |  |
| Previous experience                                |  |
| Role and functions to be performed                 |  |

(Repeat as required)

## 8. References

All service providers are required to provide referees.

### Referee 1

|                   |  |
|-------------------|--|
| Organisation name |  |
| Postal address    |  |
| Street address    |  |
| Contact person    |  |

|                          |  |
|--------------------------|--|
| Position/title           |  |
| Telephone number         |  |
| Nature of work performed |  |

## Referee 2

|                          |  |
|--------------------------|--|
| Organisation name        |  |
| Postal address           |  |
| Street address           |  |
| Contact person           |  |
| Position/title           |  |
| Telephone number         |  |
| Nature of work performed |  |

## 8.1 Previous and /or Current Recipient of Funding relative to the submission or other research

|                 |  |
|-----------------|--|
| Funding Source: | (if partnering with an Academic Institution, has any person associated with this application received funding from the Trust and, if so, when) |
|-----------------|--|

## 8.2 Conflicts of interest

Where applicable, the applicant must also describe a strategy designed to avoid any conflict of interest.

|                        |  |
|------------------------|--|
| Conflicts of interest: |  |
|------------------------|--|

## Endorsement

The joint submission must be signed by the Executive Director of Nursing and Midwifery of each health service.

### Lead health service

|                                 |   |
|---------------------------------|---|
| Signature of authorised officer |   |
| Name of authorised officer      |   |
| Title/office held               | Executive Director of Nursing and Midwifery |
| Date                            |   |

### Partner Academic Institution (as applicable)

|  |  |
|--|--|
| <b>Signature of authorised officer</b> |  |
| <b>Name of authorised officer</b>      |  |
| <b>Title/office held</b>               |  |
| <b>Date</b>                            |  |

**Second health service (as applicable)**

|  |  |
|--|--|
| <b>Signature of authorised officer</b> |  |
| <b>Name of authorised officer</b>      |  |
| <b>Title/office held</b>               |  |
| <b>Date</b>                            |  |