



PSNZ Innovation Fund Grant Application

1. YOUR DETAILS

Name:

Address:

Email:

Contact Phone No:

Position:

Employer:

2. ACTIVITY DETAILS

Activity title:

Activity type:

Location:

Start date:

Completion date:

3. RATIONALE FOR APPLICATION

What are you intending to do?

How will the proposed project support or meet the purpose of the Innovation Fund?

“Tamariki in Aotearoa flourish in health and wellness”



How does the proposed project uphold each article of Te Tiriti o Waitangi as outlined in the PSNZ Strategic Plan 2021-2026?

Please provide details about the opportunities that the proposed project will provide for advancing equity.

How does the proposed project support or link to your scope of practice?

How will you determine the success of your project?



What is the likelihood your innovation will be sustained after you complete your project?

What other sources of funding have you explored to support this activity?

Provide details of the amount of funding you are seeking from the Innovation Fund, including details of the proposed costs.

4. AGREEMENT

I agree:

- a. To produce invoices and receipts once my activity is completed so that reimbursement can be arranged.
- b. To complete the Innovation Fund Grant Activity Report within one month of completing the activity and send to the Innovation Fund Committee via admin@paediatrics.org.nz.
- c. To share with my colleagues information and knowledge gained by me as a result of the activity I have attended.
- d. To acknowledge the support of the PSNZ in any publication or promotion related to the activity.

Applicant Signature

Date:

"Tamariki in Aotearoa flourish in health and wellness"



5. OUTCOME (FOR COMMITTEE USE ONLY)

Reg. No.:	Date of Committee Meeting:
Funding Approved Not Approved	Amount awarded: \$
Comments:	