**SHP Implementation Science Academy Clinical Masterclass**

**2024 Expression of Interest (EOI) application**

Please submit your EOI and relevant documentation by **COB 15th of March to**

shp.implementationscience@sydney.edu.au

The Masterclass will be held on Friday the 10th of May and the 17th of May (9:00am – 4:00pm). The Masterclass will be held at Westmead Innovation Centre.

**EOI Form**

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| **Personal Details**  |
| **Title & Full Name** |  |
| **Phone** |  |
| **Email** |  |
| **Primary Position** |  |
| **ORCID iD (if applicable)** |  |
| **Please describe your clinical experience in health** |  |
| **Primary employer** |  |
| **Health degrees both obtained and in progress** |  |
| **If you are a Current HDR Student please outline the University that you are enrolled at, primary Supervisor and your expected completion year.**  |  |
| **Selection Criteria** |
| **Please indicate if you an employee or affiliate at any of Sydney Health Partners partner organisation?** *(Please select all that apply)* |

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| **Organisation** | **Employee** | **Affiliate** |
| Nepean Blue Mountains Local Health District  | [ ]  | [ ]  |
| Northern Sydney Local Health District | [ ]  | [ ]  |
| Sydney Children’s Hospital (Westmead) | [ ]  | [ ]  |
| Sydney Local Health District | [ ]  | [ ]  |
| University of Sydney | [ ]  | [ ]  |
| Western Sydney Local Health District | [ ]  | [ ]  |
| ANZAC Research Institute | [ ]  | [ ]  |
| Asbestos and Dust Diseases Research Institute | [ ]  | [ ]  |
| Centenary Institute | [ ]  | [ ]  |
| Children’s Medical Research Institute | [ ]  | [ ]  |
| Chris O’Brien Lifehouse | [ ]  | [ ]  |
| The George Institute for Global Health | [ ]  | [ ]  |
| Heart Research Institute | [ ]  | [ ]  |
| Kolling Institute | [ ]  | [ ]  |
| Melanoma Institute Australia | [ ]  | [ ]  |
| Westmead Institute for Medical Research | [ ]  | [ ]  |
| Woolcock Institute of Medical Research | [ ]  | [ ]  |
| Other (please specify):  |

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| **Describe the health services or institution(s) [e.g. Hospital and LHD level] where you intend to conduct the research project.** **Please indicate any discussions you have had with the services/institutions about conducting this project?**  |  |
| **Are you a member of a SHP Clinical Academic Group?** | [ ]  None[ ]  Cardiovascular [ ]  Child and Adolescent Health [ ]  Diabetes and Obesity [ ]  Genomics and Precision Medicine Partnerships [ ]  Geriatric Medicine [ ]  Perioperative Care of Surgical Patients[ ]  Reproductive, Maternal and Newborn Health[ ]  Sleep Health [ ]  Sydney Cancer Partners[ ]  Sydney Musculoskeletal [ ]  Virtual Care [ ]  Child Neurodevelopment and Mental Health (*provisional*)[ ]  None  |
| **Learning Agreement** | Successful applicants are asked to sign a learning agreement. The agreement requires that all participants complete three compulsory evaluation tasks (pre-Masterclass, post-Masterclass and six months post-Masterclass). Each task will take less than 20 minutes to complete.To consolidate your learning from the Masterclass, we also ask attendees to give a presentation back at their workplace after they have completed the Masterclass.Are you willing to sign the agreement with Sydney Health Partners? [ ]  Yes [ ]  No  |
| What are your **learning** **goals** for this Masterclass? (Maximum of 3) | Please describe: |
| What would you most like addressed during the Masterclass?*Tick any that apply* | [ ]  Understanding what Implementation Science is about[ ]  Selecting a study design for my project[ ]  Figuring out what models, frameworks or theories are most relevant[ ]  Designing an approach to implementation[ ]  Designing an approach to evaluation[ ]  Finding a team of collaborators to work with[ ]  Working out how to fund my project |
| Are you a member of the SHP Implementation Science Academy online **Community of Practice** (CoP)?  | [ ]  Yes [ ]  No - If not, please sign-up to become a member [here](https://implementationscience.com.au/become-a-member/). It’s free and easy!  |

**Concept Outline**

Please provide the below documents as attachments to the above EOI form.

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| **Three-page concept outline**  | Please provide details of your concept under headings 1-11 below. Please note, you do not need to include information under every heading if it is not relevant. The headings should only be used as a guide. **Headings for Three-page Concept Outline:**1. Project Title:
2. Project Collaborators:
3. Background and Rationale:
4. Aim:
5. Specific Objectives:
6. Population and Setting (clinic or service level):
7. Intervention(s):
8. Study Design:
9. Outcomes or Evaluation:
10. Plans for dissemination of results:
11. Current plan to seek funding, including any existing funding available:
 |

Please provide your full name and signature (e-signatures are acceptable). This can be on a separate page and is not counted in the Three-Page Concept Outline.

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|  |
| Signature of Applicant  |
|  |
| Name of Applicant |
|  |
| Date |

EOI’s are to be submitted by **COB** **15th of March** via email to: shp.implementationscience@sydney.edu.au

Please submit your application as **one** PDF document.

Submission Checklist:

[ ]  EOI Form (signed and dated)

[ ]  Three-page Concept Outline