**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](mailto: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**

|  |  |
| --- | --- |
| **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)* | |  |  |  | | --- | --- | --- | | **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): | | | |
| **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.

|  |  |
| --- | --- |
| **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.

|  |
| --- |
|  |
| 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](mailto:shp.implementationscience@sydney.edu.au)

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

Submission Checklist:

EOI Form (signed and dated)

Three-page Concept Outline