# Application Form: GLobal placement bursaries for health partnerships

This form should be read in conjunction with the **Global Placement Bursaries for Health Partnerships Overview document**.

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**The project outline should be completed and submitted along with the budget to** [**grants@thet.org**](mailto:grants@thet.org) **by 17:00 (BST) on Monday 1st August 2022. If you do not receive an acknowledgment from us within 2 working days, please assume we have not received your application and re-submit.**

## 1. Summary Details

1.1 Partnership summary

|  |  |
| --- | --- |
| **Lead UK partner (organisation)** |  |
| **Lead LMIC partner (organisation)** |  |

1.2 Project details

|  |  |  |
| --- | --- | --- |
| **Project goal** |  | |
| **Project start and end dates** |  | |
| **Country of implementation** |  | |
| **Please indicate which category of grant you are applying to:** | Category A: All themes except wellbeing  ☐ | Category B: Focus on wellbeing  ☐ |
| **Total Budget Requested**  (up to £5,000 per application) |  | |

1.3 If relevant please list the ID codes of past partnership projects funded by THET since 2015. If you do not know the ID codes then please list the project titles.

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## 2. Partnership

2.1 Please provide contact details for thekey partners involved in this application. If there are more than two partners involved (UK and LMIC), add more boxes as necessary to include all.

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| --- | --- |
| **Lead UK partner** | |
| Name of institution |  |
| Project co-ordinator (title, first name, surname) |  |
| Position |  |
| Department/faculty |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |
| **Lead LMIC partner** | |
| Name of institution |  |
| Project co-ordinator (title, first name, surname) |  |
| Position |  |
| Department/faculty |  |
| Address (including country) |  |
| Email |  |
| Telephone number(s) |  |

2.2 Tick the box that best describes each organisation. Please note that if you fail to complete this table, your application will be ineligible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lead UK Partner** | |  | **Lead LMIC Partner** | |
|  | Health Delivery Institution |  | Health Delivery Institution |
|  | Health Education Institution |  | Health Education Institution |
|  | Academic Institution |  | Academic Institution |
|  | Professional Membership Association |  | Professional Membership Association |
|  | Regulatory Body (health sector) |  |  | Regulatory Body (health sector) |
|  | UK Registered Charity  **Registration no:** |  |  | Registered NGO  **Registration no:** |
|  | NHS Arm’s Length Body\* |  |  |  |

\*e.g. Public Health England

2.3 Please list any other project partners or stakeholders that will play a role in the delivery of the project. (*Maximum 100 words)*

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2.4 Please provide a brief overview of your partnership, how you have worked together previously, for how long and in which clinical areas. If you are a new partnership, please explain how you have established a relationship. Please note, by partners we mean the organisations rather than individuals. *(Maximum 100 words)*

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## 3. Placements

3.1 Please briefly describe your proposed project and explain how it been defined as the most appropriate response to the needs of the LMIC facility. *(Maximum 200 words)*

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3.2 Please provide a project activity timeline, including any deliverables and targets where applicable. Please add more rows if necessary.

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| --- | --- | --- | --- | --- | --- | --- |
| **Project Activities** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** |
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3.3 Please provide more details on the volunteer placements:

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| --- | --- |
| How many NHS volunteers from England would you plan to involve in this project? |  |
| How many hours a week do you foresee them contributing? |  |

## 4. Volunteer Management and Support

4.1 Please describe how you will recruit, select and manage the volunteer(s). If the UK partner intends to promote opportunities to those who usually do not have such an opportunity, or to engage members of the diaspora community, please explain how you will do this. *(Maximum 200 words)*

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4.2 In what ways will the volunteer(s) and/or the NHS in England benefit from involvement in the project? (*Maximum 100 words).* If helpful, please refer to the HEE Toolkit for Evidence: <https://www.thet.org/resources/toolkit-collection-evidence-knowledge-skills-gained-participation-international-health-project/>

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## 5. Budget

5.1 Please complete the table below showing expected costs (up to £5,000). Please be as specific as possible and add more rows if necessary. Refer to the Overview document for details of eligible and ineligible costs.

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| --- | --- | --- | --- |
| **Category** | **Sub-category** | **Details (please provide a breakdown of all costs you are including)** | **Cost (£)** |
| **Project management**  (up to 40% of the total) | Volunteer management (e.g. recruitment, induction) | *e.g. staff time 2hrs a month* |  |
| Monitoring and Reporting |  |  |
| Communications |  |  |
| Other (please specify) |  |  |
| **Technology** (required to support engagement with volunteers) | Projectors |  |  |
| Dongles |  |  |
| Laptops/computes/tablets |  |  |
| Other (please specify) |  |  |
| **Capacity development activity costs** | Supplies required to implement trainings or QI projects |  |  |
| Purchase of equipment for training (e.g. mannequins) |  |  |
| Printing of training materials |  |  |
| Other (please specify) |  |  |
| **Communication** | Printing of guidelines developed for dissemination with the institution |  |  |
| Data allowances for key staff or to support trainings |  |  |
| Other (please specify) |  |  |
| **Travel** | (please specify) | *e.g. flights for x no. people/subsistence for x people for x days, etc.* |  |
| **Contingency** (e.g. bank charges) | (please specify) |  |  |
| **Total** | | **£** | |

## 6. Contracting

Both lead partners must sign below to confirm that they support this proposal and that the following eligibility criteria are met:

* The contract holder (lead UK partner) has a finance policy and fraud/anti-corruption policy in place
  + The contract holder (lead UK partner) has, or commits to having within the project lifetime, a safeguarding policy in place

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| --- | --- | --- |
|  | **Lead UK partner** | **Lead LMIC partner** |
| **Name** |  |  |
| **Institution** |  |  |
| **Signature** |  |  |
| **Date** |  |  |