**Please see accompanying guidance notes for further information to support completion of this application**

**Project title:**

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**Project summary** (250 words max):

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**Outline project proposal** (1000 words max):

Please set out and explain:

1. The rationale, aims and objectives
2. Background and context (e.g. relevant health policy)
3. The likely approach
4. Potential outcomes of the project
5. How will this make a difference, including for patients
6. Have any ethical issues been identified and taken into account?

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**Briefly tell us how your project aligns to each of the themes in *Pharmacy: Delivering a Healthier Wales*** (150 words max per theme)

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**If a primary care project, how does it relate to the Strategic Programme priorities for primary care** (150 words max)

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**Timeline for delivery with key milestones**

Please set out your project programme which includes key milestones and dates for delivery.

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| --- | --- |
| **Key dates** | **Key milestones** |
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**How do you intend to measure the success of this project? Briefly describe what evaluation will take place:** (max 250 words).

*NB: a brief report to the Delivery Board will be required at the end of the financial year*

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**How do you envisage this project could be scaled up on a national basis?** (max 100 words)

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**Funding requirements**

Less than £5K  Between £5K and £10K  Between £10K and £20K 

Provide a summary of the projected expenditure for 2021-22 financial year

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| --- | --- |
| **Expenditure (e.g. staff costs; related costs i.e. equipment, sundries, licences)** | **Costs** |
|  |  |
|  |  |
|  |  |
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| **Total costs:** |  |

**Please describe your/your organisation’s contribution to the project, any other supporting resources that are available to you and any other funding you have obtained/have applied for:**

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**Please list details of all stakeholders who have confirmed they will partner with you to deliver this project, including their profession and sector. Priority will be given to multi-sector/profession proposals:**

|  |
| --- |
| *Example*  [Name] Pharmacist, Community Pharmacy, XX pharmacy  [Name] Pharmacy Technician, Primary Care, XX surgery/cluster/health board  [Name] GP, XX surgery |

I confirm I have the necessary approvals from my employer and, where relevant the local health board, to submit this application and to provide the necessary input and resources required

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Email** |  |
| **Health Board** |  |

**Line Manager agreement** tosubmit this application and to provide the necessary support and resources

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Email** |  |
| **Health Board** |  |