# Project Support Program Application

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| Organisation Name |  |
| Website |  |
| Primary Contact  (name and email) |  |
| Secondary Contact (name and email) |  |
| Date |  |

## Project Overview

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| **Project Title** |
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| **Please provide a succinct overview in 2-3 sentences** |
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## Eligibility

Please provide a succinct and comprehensive response to each of the following questions to assess your eligibility for the program. Dot points are acceptable.

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| **Is the applicant incorporated in Australia with an active ABN?** |
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| **Has the applicant received previous ARIIA support? If so, what type of support?** |
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| **Does project aim to solve a significant problem commonly experienced by aged care workforce/providers?** |
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PLEASE COMPLETE THE SCOPING CHECKLIST ON THE NEXT PAGES AS PART OF YOUR APPLICATION.

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| **Does the project aim to support aged care workforce capacity and/or capability building?** |
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| **Does the project focus on scaling the solution within the aged care market e.g. translating to different programs OR is it being used in another sector and is being adapted and tested for the aged care sector OR is it novel to the sector?** |
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| **Has the project been endorsed by the organisation’s executive team to proceed to project development stage with intention to support implementation?** |
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| **Do the participating organisation(s) have capacity to implement the project or are committed to resourcing the project?** |
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| **Do the participating organisation(s) agree to sharing project outcomes with ARIIA for internal evaluation and a lay summary for external reporting and dissemination?** |
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## Scoping

As part of the Project Support Program. we want to know what areas of your project you would like support and/or coaching with. The team will arrange to meet with successful applicants to plan the areas of support that can be provided with the (up to) 18 hours.

### Pre-Implementation Planning

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| BACKGROUND |
| Defining the problem in aged care the project aims to solve  Selecting the right solution  Defining how the solution addresses the problem  Identifying any evidence to support the solution and how is it innovative? |

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| AIMS / OUTCOMES / BENEFITS |
| Defining outcomes/aims of the project  Identifying the outcomes/benefits for customers, workforce and the organisation? |

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| CODESIGN & CONSULTATION |
| Identifying key stakeholders and roles  Planning codesign and consultation activities  Planning stakeholder engagement activities |

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| CHANGE MANAGEMENT & COMMUNICATION |
| Creating change management plan  Identifying communication methods  Creating communication plan |

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| MEASURING FOR SUCCESS & OUTCOMES |
| Identifying what needs to me measured and why  Identifying how the project outcomes will be measured/evaluated  Identifying how the process will be measured/evaluated  Creating an evaluation plan |

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| IMPLEMENTATION AND PROJECT MANAGEMENT |
| Creating an implementation plan with clear steps, realistic timeline and evaluation of outcomes that are aligned with aims/outcomes  Identifying resources required for the project  Creating a project budget  Ensuring your implementation approach is realistic/achievable  Planning for a pilot prior to full scale implementation  Pitching to decision makers |

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| RISK & PROJECT GOVERNANCE |
| Creating a project governance structure, identifying who will be involved and how frequent will they meet  Identifying any legislative requirements/rules/policies that need to be considered/adhered to  Creating a risk management plan  Identifying the need for formal ethics approval |

### Implementation of the project

High level support and coaching the project team during the implementation of the project

### Project governance

Supporting the project through provision of objective project governance guidance and coaching

### Scaling the project

Support and/or coaching to scale the project across the organisation

Support and/or coaching to commercialise across the aged care sector

### Other

Is there anything else you would like support/coaching with? List below:

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## Declaration

* I have the authority to apply for this opportunity on behalf of my Organisation.
* All information provided in this application is true and correct at the time of submission.
* I understand that ARIIA will reply to the primary applicant and may ask for additional information or clarification.
* I understand that should the application be successful, a Project Support Program Acknowledgement will need to be signed prior to promotion of the opportunity.

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| Applicant Name |  |
| Applicant Position Title |  |
| Date |  |

Please submit your application, along with any required attachments, [via this email (Subject: Project Support Application)](mailto:aci@ariia.org.au). A member of the Aged Care Incubator team will make contact regarding the application. Thank you for your interest in the program. For updates on the latest programs and upcoming launches, we invite you to [subscribe to the ARIIA newsletter](https://www.ariia.org.au/subscribe) and [follow us via LinkedIn](https://www.linkedin.com/company/ariia.org/).

### Other (LEAVE BLANK)

\*Please note the below table will be completed in consultation with the Aged Care Incubator Team upon notification of a successful application.

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| **AREA FOR SUPPORT/ COACHING** | **METHOD** | **TIMEFRAME** | **HOURS ALLOCATED** |
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| TOTAL HOURS | | |  |