

Development of Practice Database Proforma

Project Title

Start Date

/ /

Expected End Date

/ /

Project Leader

First Name

Surname

Job Title

Work Address

Post Code

Telephone:

Fax:

Email:

Organisation (Please select from drop down list)

Acute H&SS Trust
Independent Sector
DHSSPS
Acute/Community H&SS Trust
Voluntary/Not for Profit
Health & SS Boards
Community H&SS Trust
Professional Organisation
Education

Other (please specify below)

Category of Project (Please select from drop down list – maximum of three)

Research
Cost Improvement
Audit
Value for Money (VFM)
Practice Development
Benchmarking
Quality Improvement
Care Pathways
Service Improvement
Literature review
Other (Please specify below)

Subject Area (Please select from drop down list - Maximum of three)

Public Health
Learning Disability
Midwifery
Palliative Care
Mental Health
TSN/Equality/Human Rights
Cancer Care
Acute Care
ICT
Older People
Community Care
Primary Care
Paediatrics
Occupational Health

Other (Please Specify below)

Project Summary: Background (including rationale)

Project Summary: Methods

Project Summary: Main Findings

Project Outcomes: Key Recommendations

Project Outcomes: Actions

Project Outcomes: Learning Outcomes

Membership of the Project Team

Name

Occupational Group

Organisation

Project Funding:

Funding Body
Amount Awarded

Project completed as part of a course of academic study?

Diploma (leading to registration)
Degree (leading to registration)
Certificate
Certificate (recordable with NMC)
Diploma (Post Grad.)
Diploma/Degree (Specialist Practice)
Degree (Post Grad.)
Masters
PHD

Key contact for further information: Please complete, if different from Project Leader

First Name

Surname

Job Title

Work Address

Post Code

Telephone:

Fax:

Email: