**Application Form**

Due April 14, 2025 by 4pm. Submit to education.award@vch.ca

\*\*\*\* **Please first review the separate document – KT Challenge Application Form Instructions**

The Knowledge Translation (KT) Challenge is designed to support teams of Providence Health Care, Vancouver Coastal Health, BC Cancer, Northern Health, and Fraser Health clinicians (nursing, allied health, and medical staff) who want to move evidence into practice. The KT Challenge is offered and supported by the aforementioned Health Care organizations.

|  |
| --- |
| **Project Title:** Click here to enter text. |
| **Team Lead Information** |
| Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| **Team Members’ Information (If your team has additional members beyond this table, add their information to Appendix 1 (page 5).** |
| Name #1: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| Name #2: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| Name #3:Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| **IMPORTANT: If team member(s) leave for new roles/organizations during the project timeline, what is your plan to address the impact on the project activities?** |
| Click here to enter text. |
| **\*By signing above**, you agree to communicate with the KT organizing committee any changes to your team or your participation, to complete the online evaluation surveys and to encourage all your team members to complete the surveys.  |
| **Manager Support** |
| By signing, I acknowledge that I have read the Application and discussed this practice change with the Team Lead and agree to support her/him in this project. If this project is funded, I will work with the Team Lead and/or members to accommodate requests for scheduled time to work on this project. |
| Manager Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Signature:  |
| **Agreement between Team Members and KT Challenge Organizing Committee**The KT Challenge organizing committee agrees to work with you and your mentor, and to provide KT skills workshops and consultations through the KT HA Leads. If your project is funded, we will support you to conduct your KT project. Note: The KT Challenge organizing committee will need to be informed of and could support navigating any changes in the composition of your team. |

**Note: The application form for the KT Challenge has 8 sections listed below. Please review the separate document – KT Challenge Application Form Instructions – before completing this application.**

**Page Limit**. Please limit this entire application to five pages, 12-point font, double-spaced. Page count begins with Lay Summary (Section 1) and ends with Patient Family Partner Contribution (Section 8). *Any other supplementary content (such as references, logic model, and other additional information) should be included as appendices, in addition to the five pages.*

**Section 1 – Lay Summary**

**Section 2 – Need and Evidence Base**

**Section 3 – Implementation Strategies**

**Section 4 – Evaluation Plan**

**Section 5 – Work plan and Dissemination Plan**

**Section 6 – Budget**

Outline the total proposed budget in the tables below (details of what funds may be used for are in the Application Form Instructions document).

|  |
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| **Personnel Budget** |
| Name  | Title & Project Contribution  | Time Allocated  | Salary  | Estimated Expenditure  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal:** |  |
| **Equipment Budget** |
| Item  | Justification  | Estimated Expenditure  |
|  |  |  |
|  |  |  |
| **Subtotal:** |  |
| **Services Budget** |
| Item  | Justification  | Estimated Expenditure  |
|  |  |  |
|  |  |  |
| **Subtotal:** |  |
| **Total Estimated:** |  |

**Section 7 – Mentor Contribution**

* As the mentor for this project, I contributed in the following ways to the development of this proposal:
* As the mentor for this project, I anticipate contributing in the following ways if the project is funded:

By signing below, the Mentor acknowledges that I (please check):

[ ]  Had input into the design of the KT Challenge project described in this application

[ ]  Read through the completed application form, including the team information sheet

[ ]  Confirm that I will support the team as outlined in this application

|  |
| --- |
| **Mentor** |
| **Name** |  | **Signature** |  |
| **Title/Department** |  |
| **Facility/Site** |  |
| **Telephone** |  | **Email** |  |

**Section 8 – Patient Family Partner Contribution**

* As the Patient Family Partner for this project, I contributed in the following ways to the development of this proposal:
* As the Patient Family Partner for this project, I anticipate contributing in the following ways if the project is funded:

By signing below, the Patient Family Partner(s) acknowledge that they will receive two invitations to participate in an evaluation survey over the course of the 2-year funded project, if funded.

|  |
| --- |
| **Patient Family Partner** |
| **Name** |  | **Signature** |  |
| **Telephone** |  | **Email** |  |

Appendix 1. Additional Team Members (if applicable)

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| **Additional Team Members** |
| Name #4: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| Name #5: Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |
| Name #6:Click here to enter text. | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | Phone (work): Click here to enter text. |
| Site/Unit: Click here to enter text. | Signature\*: |