**Nelson Marlborough
Health Innovation Awards 2018**

**ENTRY FORM**

|  |
| --- |
| **PROJECT TITLE** |
|  |
| **CATEGORY**  |
| **🞏 Clinical care 🞏 Equity****🞏 Aged Care 🞏 Sustainability****🞏 Mental Health 🞏 Other****🞏 Child & Adolescents** |
| **PROJECT TEAM** |
| **[List the members of the team that undertook this project]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name**  | **Role**  | **Email address** | **Location/organisation** |
| **Project Lead** |  |  |  |  |
| **Project contact person** |  |  |  |  |
| **Proposed presenter**  |  |  |  |  |
| **Members**  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| **BACKGROUND** |
| **[What prompted your project?]** |
| **APPROACH** |
| **[How did you go about your project?]** |
| **PROJECT REACH** |
| **[Which groups have benefitted from the project?]** |
| **RESULTS** |
| **[What did you achieve? What was successful? What was unsuccessful? Please include data and information to show improvements, using visuals like tables, graphs, comparisons, and/or people’s comments.]** |
| **LEARNING and SHARING** |
|  **[How will the results be used to shape further improvements? How will you apply the results to other services?]** |

Submit your entry to quality@nmdhb.govt.nz **(Closing date 31st October 2018)**