**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** |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| **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](mailto:quality@nmdhb.govt.nz) **(Closing date 31st October 2018)**