| PLANNING FOR IMPLEMENTATION PRACTICE (PIP™) MAY 20-21, 2021 session |
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| Application Deadline: monday mARCH 15, 2021 11:59 pm |
| **\*\*\*Please read the following details carefully before completing this application\*\*\*****Planning for Implementation Practice (PIP)**The Planning for Implementation Practice (PIP) is a virtual two-day workshop which provides a practical approach to developing an implementation plan for a new intervention, practice or innovation. Participants will gain a foundational understanding of implementation science, learn how to use an evidence-based implementation planning framework and create a draft version of an implementation plan for their implementation endeavor. **Application Requirements**To participate in the Planning for Implementation Practice workshop, candidates must:* + - * Have an identified intervention, practice or innovation that they would like to implement.
* Complete one application per team in full. If information is missing, we will not be able to review your application.
* Identify and list 2-4 team participants, including **at least one person from the implementing organization** and **one person with decision-making authority** with respect to the execution of the implementation plan.
* Additional team members can be researchers, practitioners, community partners, policy/decision-makers, or other key individuals involved in planning and executing your implementation initiative. Workshop participants should represent different perspectives related to the implementation context.

**Time Commitment**Please note that the course is held **online** on two consecutive business days from 10:00 am – 1:30 pm EST. Full attendance of all team members is required on both days. **Application Process*** Applications will be reviewed for alignment with workshop learning objectives and readiness to implement.
* Space in the workshop is limited to 4 teams.
* All applicants will be notified about the status of their application no later than **Friday April 2, 2021**.
* Successful teams will be required to complete a Practice Profile worksheet describing their intervention in more detail prior to the workshop.
* Successful teams will need to submit payment in full within **one week** of notification of acceptance to secure their space in the course.
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| TEAM LEAD INFORMATION |
| **Team Lead Name:**  |
| **Team Lead Organization:**  |
| **Team Lead Job Title:**  |
| **Street:**  |
| **City:**  | **Province/State:**  | **Postal/Zip Code:**  |
| **Country:**  |
| **Email Address:**  |
| **ADDITIONAL TEAM MEMBER INFORMATION** **(please identify at least one additional team member, up to a maximum of three)** |
| **Team Member #2 Name:** |
| **Team Member #2 Job Title:** |
| **Team Member #2 Organization:** |
| **Team Member #2 Email Address:** |
| **Team Member #3 Name:**  |
| **Team Member #3 Job Title:** |
| **Team Member #3 Organization:** |
| **Team Member #3 Email Address:**  |
| **Team Member #4 Name:**  |
| **Team Member #4 Job Title:**  |
| **Team Member #4 Organization:**  |
| **Team Member #4 Email Address:**  |
| **Before completing this application, please ensure that all team members can attend the entire workshop.**  |
| Please complete the following using the space provided |
| 1. **Please describe the intervention/practice/innovation that you plan to implement. Please describe the need you are trying to meet, the evidence-base for the intervention, and the implementing setting/organization.**

 *(max 1500 characters with spaces)* |
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| 1. **Is there sufficient evidence that your intervention/practice/innovation is effective and can be implemented at this time?**

1. **Please provide the rationale for your answer to question #2.**

*(max 1000 characters with spaces)* |
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| Who will lead the implementation process? Please include: a) The organization(s) that is(are) primarily responsible for the implementation.b) The key people who are leading and executing the implementation initiative.*(max 1000 characters with spaces)* |
| When are you planning to begin implementation of this intervention/practice/innovation?*(max 500 characters with spaces)* |
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1. **How is your implementation initiative funded?**

(double click the check box to select)

[ ] Research funding (grant)

[ ] Government funding

[ ] Organizational funding (internal)

[ ] Other. Please describe:

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| Application Checklist (double click the check box to select) |
| [ ]  Confirm the availability of all team members to attend the entire workshop. Teams must consist of a minimum of two individuals. [ ]  Answer the questions above as completely as possible within the space provided. Additional documents will not be reviewed. [ ]  Sign and date your application below. [ ]  Keep a copy of your application for your records. [ ]  **Send completed application to Andrea Chiaramida at** **achiara@sickkids.ca****, subject line: PIP 2021 Application. You will receive an e-mail confirming receipt of your application. If you do not receive a confirmation within two business days, please follow-up via e-mail.** |
| **Team Lead’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| Please submit completed applications to Andrea Chiaramida, Administrative Assistant, The Hospital for Sick Children at achiara@sickkids.ca , SUBJECT LINE: PIP May 2021 Application. You will receive an e-mail confirming receipt of your application. If you do not receive a confirmation within two business days please follow-up via e-mail. |