| 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. | | |
| 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**](mailto: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](mailto: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. |