SCIPP Scottish Collaborative Innovation Partnership Process

FUTURE CARE OUTSIDE HOSPITAL IN SCOTLAND OPEN CALL FOR INNOVATIONS APPLICATION FORM

| About You | | | |
|---|-------|--|---------|
| Your Title and Name | | | |
| Your Organisation | | | |
| Your Address for Correspondence | | | |
| Your Phone Number | Main: | | Mobile: |
| Your E-mail Address | | | |
| Your Association with the Idea/Example | | | |
| Any Intellectual or Other Rights Pertaining to Your Idea/Example | | | |

| Your Idea/Example (1) | | | |
|---|--|--|--|
| What is your idea/ example about? | | | |
| What does it do and how does it do? | | | |
| What is the scale of benefits it will produce? (including the population group(s) benefitting) | | | |
| What is projected costs of achieving the benefits (or unit of benefit)? (Creating a Return on Investment (ROI) or Return on Social Investment (SROI) calculation) | | | |

| Your Idea/Example (2) | | |
|--|--|--|
| Will this idea/example replace an existing service making way for potential savings to be realised (and if yes, how)? | | |
| What is the state of readiness of the idea/example (early ideas, piloted example, ready for adoption and spread)? | | |
| What formal assessments or evaluation of the idea or example have been undertaken? | | |
| Please use the template as flexibly as you wish to provide information you want on your idea/example. If there is no information for any section, please mark it N/A. Include any references on evaluations etc. in the section provided at the end. The total number of words for the entire part on Your Idea/Example should not exceed 500. | | |
| Please return this form by noon on 2 nd December to <u>olga.mcpherson@scotland.gsi.gov.uk</u> or to Olga McPherson, St Andrew's House, GER, Regent Road, Edinburgh, EH1 3DG | | |