

Independent medical education grant application form



Please read the GSK call for proposals document on the UK independent medical education [website](#) before completing this form. To make an application please complete, sign and email this form to **Gsk.grant-request@gsk.com** or send it by post to the **Medical Executive, GlaxoSmithKline Ltd, Stockley Park West, Uxbridge, Middlesex, UB11 1BT.**

Please accompany your application with a letter on your organisation's letter head stationery asking GSK to consider the application that is addressed to the medical executive above and is signed by the requester.

Title of the education initiative	
Total amount of funding requested	£

1. IME provider details

Name of organisation				
Type of organisation	Select the most appropriate description			
Is your organisation a healthcare organisation?	Yes	No		
	<i>HCO: A legal entity that is a healthcare, medical or scientific association or organisation such as a hospital, clinic, foundation, university or other teaching institution or learned society (except for patient organisations).</i>			
Description of organisation <i>Please include a description of your organisation's legal structure, purpose and annual revenue. If your organisation provides marketing and independent education services please attach evidence demonstrating that the education services are independent of marketing activities e.g. an organogram or an accreditation certificate from a recognised accreditation body that requires a provider to be independent such as the Accreditation Council for Continuing Medical Education</i>				
Is the amount requested more than 25% of your organisation's annual revenue?	No	Yes	>25%	>50%
Contact name, business correspondence and payment address	Name			
	Address			
	Email			
	Tel			

2. Conflict of interest declaration

Are any of the officers or beneficiaries of your organisation a government official or affiliated with a government agency?	
<p>Yes</p> <p><i>Please provide details of any of your organisation's officers or beneficiaries, who are involved in the development or delivery of the proposed independent medical education activity, who have a decision-making role in the regulation of medicines or prescribing policy. If a GSK product has recently, or will in the near future (within 6 months), be subject to a review by any of these officers or beneficiaries, please provide details of the relevant process.</i></p>	No
Does your organisation have a decision-making or advisory role on the regulation of medicines or prescribing policy or on the funding of healthcare provision at a regional, national or international level?	
<p>Yes</p> <p><i>Please provide details below:</i></p>	No
Has your organisation received any other financial support for the proposed educational activities?	
<p>Yes</p> <p><i>Please provide details below:</i></p>	No

3. Education grant proposal

Education proposal is in the following GSK therapy area(s)			
Respiratory	Vaccines	Travel Medicine	Dermatology
The focus of the education is in the following GSK disease area(s)?			
Asthma	Diphtheria	Malaria	Acne
COPD	Tetanus	Typhoid	Eczema
Allergic rhinitis	Pertussis	Hepatitis A	Psoriasis
	Meningitis	Hepatitis B	
	Measles		
	Mumps		
	Rubella		
	Polio		
	Haemophilus influenzae		
	Pneumococcal disease		
	Human papilloma virus		
	Rotavirus		
	Influenza		
	Pandemic influenza		
	Herpes zoster		
	Varicella		
	Tetanus		
	Hepatitis B		

Identified healthcare professional education need

- *Please provide an independent, comprehensive, evidence-based assessment that identifies the healthcare professional knowledge, competence, performance and patient health gaps that exist against standards of best practice.*
- *Examples of evidence may include expert interviews, testimonials, market research, peer-reviewed published data, nationally recognised papers or anonymised aggregate patient record reviews.*
- Maximum 1,500 words.



Education design

Education design of content and delivery

- *Please provide clearly defined, measurable learning objectives that are aligned with the identified educational need and expected improvement in knowledge or performance gap of the target audience.*
- *Provide an outline of the educational format e.g. a comprehensive description of a curriculum-based, multiple intervention programme that utilises interactive and innovative formats that are designed to improve healthcare professional knowledge, performance and skill and patient health.*
- *If the education is accredited please provide details of the accreditation body and attach a certificate of accreditation to your application.*

Audience

- *Please outline the number and discipline of the proposed target audience and how the initiative will reach this audience.*

Additional tools that enable the desired educational outcome to be achieved

- *Identify any barriers to improving educational outcomes as well as a strategy to overcome these barriers. This may include tools that support the application of knowledge in to practice such as algorithms, proforma, patient engagement tools or office tools such as prescribing software notification or calendar reminders.*
- Maximum 1,500 words.



Educational outcomes ¹ that will be measured	
Level 3 with UK reach	> Level 3 with regional or local reach
<p><i>Please outline which level of educational outcome your programme is aiming to achieve, how the outcomes will be measured, analysed and communicated as well as how they aim to demonstrate that the identified education need has been met by the outlined educational programme.</i></p>	
How best practice will be shared	
<p><i>Please outline any communications strategy of how the education or outcomes will be shared with the wider healthcare professional community.</i></p>	
<p>If the funding application is successful, I agree to provide an executive summary of the education provided and the outcomes it achieved and for GSK UK to have the right to post this summary on the GSK UK independent medical education website for the purposes of transparency and to share best practice</p>	

¹Please refer to Moore D. E., *Journal of Continuing Education in the Healthcare Professions*, 2009, vol. 29, issue 1, page 4.

4. Budget

Honoraria and faculty expenses may be included.

Participant travel or out-of-pocket expenses will not be covered.

For personnel costs please include a known or estimated hourly or daily rate and the number of hours or days of expected work.

The below is an example. Please amend the budget categories, complete the line items accordingly and provide as much detail as possible.

Budget item	Hourly cost	Hours	Total	Description of expense
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
Total			£	

5. Payment details

Bank details <i>Payment must be made to an organisation and not an individual's account</i>	Account name	
	Account number	
	Sort code	

6. Declaration

I declare that the information in this form is true, correct and complete to the best of my knowledge

Name		Signature	
Position		Date	

Thank you for your application

GSK internal use only

Grant reference number	
Date request received by AMD	
Date request reviewed by G&D committee	
G&D committee decision	<input type="checkbox"/> Grant not awarded <input type="checkbox"/> Grant awarded
Amount awarded	£
G&D committee chair signature	
Date applicant informed of decision	