

Before completing and signing this form please read the GSK educational grant process and criteria details found on our independent medical education website: (<http://ie.gsk.com/ie/healthcare-professionals/independent-medical-education/>)

Please ensure that the completed application form is accompanied by a signed letter on your organisation's headed paper requesting GSK to consider your application.

Please return your submission to irelandmedicaldepartment@gsk.com

Title of education initiative	
Total amount of funding requested	€

1. IME provider details

Name of organisation	
Type of organisation	
Are you a healthcare organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No HCO: A legal person 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).
Description of organisation Please include legal structure, purpose and annual revenue. If the organisation provides marketing and independent education services, please attached evidence demonstrating that the educational services are independent e.g. organogram or accreditation certification from a recognised accreditation body that requires independence e.g. ACCME	
Is the amount requested more than 25% of your organisation's annual revenue?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> >25% <input type="checkbox"/> >50%
Contact name, business correspondence and payment address	Name Address Email Tel
Where did you hear about Independent Medical Education?	<input type="checkbox"/> GSK Website <input type="checkbox"/> Social Media (LinkedIn, Twitter etc.) <input type="checkbox"/> Newspaper/Journal <input type="checkbox"/> Email <input type="checkbox"/> Other: (if other, please advise)

2. Conflict of Interest declaration

Are any of the officers or beneficiaries of your organisation a government official or affiliated with a government agency?

Yes

Please provide details of the relevant government or decision making bodies, and indicate whether you are involved or a member of your family. If a GSK product has recently or will in the near future (within 6 months) be subject to a review or decision by this government or other advisory or decision-making body, please also provide details of the relevant process.

No

Does your organisation, or any of its beneficiaries, have a role making decision or advising on the regulation of medicines or prescribing policy or funding or the provision of healthcare at the national or international level?

Yes

Please provide details below:

No

Has your organisation received any pharmaceutical, biotechnology company or other commercial industry support for educational activities in the chosen disease areas outside or a grant application process?

Yes

Please provide details below:

No

Has your organisation requested grant applications from any other parties?

Yes

Please provide details below:

No

Is a current or previous GSK employee involved in the development of the educational content?

Yes

Please provide details below:

No

3. Education grant proposal

Education proposal is in the following GSK therapy area(s)					
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Vaccines	<input type="checkbox"/> Travel medicine	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Urology	<input type="checkbox"/> Infectious Diseases
The focus of the education is in the following GSK disease area (s)					
<input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Diphtheria <input type="checkbox"/> Rotavirus <input type="checkbox"/> Tetanus <input type="checkbox"/> Influenza <input type="checkbox"/> Pertussis <input type="checkbox"/> Pandemic <input type="checkbox"/> Influenza <input type="checkbox"/> Meningitis <input type="checkbox"/> Measles <input type="checkbox"/> Haemophilus <input type="checkbox"/> Influenza <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal disease <input type="checkbox"/> Human papilloma virus	<input type="checkbox"/> Malaria <input type="checkbox"/> Typhoid <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Acne	<input type="checkbox"/> BPH	<input type="checkbox"/> HIV

Identified healthcare professional education need	
<ul style="list-style-type: none"> • 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 750 words. 	

Educational design

- 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, skill and patient health.
- If the education is accredited please add details of the accreditation body and attach a certificate of accreditation to your application.
- Please outline the number and discipline of the proposed target audience and how the initiative will reach this audience.
- Identify any barriers to improving educational outcomes as well as a strategy to overcome these barriers that 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 outcomes¹ that will be measured

Level 3 with Irish reach >Level 3 with regional or local reach

Please outline how the educational outcomes will be measured and highlight the link between the education and the evaluation, how the results will be analysed and communicated.

How best practice will be shared

Outline any communications strategy of how the education or outcomes will be shared with the wider healthcare professional community.

I agree to GSK reserving the right to post an executive summary of the education provided and outcomes measured

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 hourly/daily rate and number of hours/days expected work. The below is an example template. Please adjust accordingly and provide as much detail as possible. You are free to add a more detailed budget in a separate template if required.

Budget item	Hourly cost	Hours	Total	Description of expense
Logistics (e.g. venue)				
	€		€	
	€		€	
	€		€	
	€		€	
	€		€	
	€		€	
Audience generating material and activities (e.g. invitations, leaflets, electronic distribution)				
	€		€	
	€		€	
	€		€	
	€		€	
	€		€	
	€		€	

¹ Please refer to Moore D. E., *Journal of Continuing Education in the Healthcare Professions*, 2009, vol. 29, issue 1, pages 1-15 http://www.sacme.org/Resources/Documents/Virtual%20Journal%20Club/Moore_evaluation_article.pdf

Faculty expenses (e.g. honoraria, travel, accommodation)			
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
Programme material development (e.g. webcasts, e-learning modules, slides, publications)			
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
Accreditation fees			
	€		€
	€		€
	€		€
	€		€
	€		€
	€		€
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 DMA									
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	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%; text-align: center;">_____</td> <td style="border: none; width: 40%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature</td> <td style="border: none; text-align: center;">Date</td> </tr> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Signature	Date	_____	_____	Signature	Date
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Date applicant informed of decision									