

Primary Care Nursing Innovation Award

Application form 2025

Thank you for your interest in the Pinnacle Primary Care Nursing Innovation Award. We're keen to receive your application. All applications must be received by **Tuesday, 30 December 2025**. Once it has been received and basic requirements have been met, you will be invited for an interview to explore your proposal in more detail.

Your name:

Your place of work:

Your contracted hours of employment:

Your clinical role:

Outline of proposed use of innovation fund (please attach)

In no more than 500 to 700 words, please tell us about the nurse-led primary health innovation you wish to undertake with the award funding. This must include how you have identified the issue or need, the expected outcomes and what you aim to learn that may not be already known. Please demonstrate the following points in your submission.

- How will the innovation influence or impact on improving access to primary care and/or closing the health equity gap?
- How do you propose to use the innovation funding?
- How could this innovation benefit your peers in service delivery?
- How would you share innovation outcomes with your practice team, professional networks, and the wider Pinnacle network?
- What support will you need for potentially publishing the outcomes of your innovation?
- What support will you need from the practice and/or Pinnacle to make your innovation idea successful?
- What timeframe do you require to start, finish, and evaluate the innovation outcomes?

As a condition of accepting the innovation fund you will be required to:

- provide progress updates as agreed with Pinnacle - you will be assigned a contact person to support you during the scholarship year
- share the learning from the innovation across the Pinnacle network - this may include a short presentation at our Pinnacle nursing conference and peer groups
- reimburse the organisation should you choose to leave your employment during the term of your innovation funding period.

Do any of these conditions present a problem to you?

Yes/No (If yes, why?)

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This application must be supported by your manager/practice owner (if you are not a practice owner).

Signature of applicant:

Date:

Signature of practice owner/manager (n/a if practice owner applying):