Student Innovation Fund Proposal

# Introduction

To all the motivated students out there,

NZMSA is pleased you are applying for the Student Innovation Fund, which aims at fostering new student-led projects, because we know there’s a wealth of talent and ideas in Medical School, and sometimes you just need a helping hand!

There are already so many brilliant projects created by medical students, however, we know there are countless others that are still in their infancy. This fund was designed to help these innovations come to fruition.

The focus of this fund is to assist in promoting new ideas, providing leadership opportunities, student-initiated action and the acquisition of new knowledge. There are no limits on the subject of your proposal, we know there is a wide range of interests out there, and we want to support them.

NZMSA will endeavour to provide you with assistance for this upcoming project; we have resources, advice and contacts we would be happy to share, as well as financial support. Although we’d love to fund every great project idea, we appreciate your understanding that our resources are finite.

Before applying, please check through the Student Innovation Fund Terms of Reference.

Many thanks to you for sharing your great innovations with us!

The NZMSA executive 2013.

# INNOVATION details

***Please include a cover letter of no longer than one page regarding your innovation.***

### Name of your project

Name of the coordinator **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Year Level and Medical School  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email address  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Details of the students on the organizing committee

### Name Year Level Medical School Email

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organisations associated with this project (e.g. other student groups)

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# INNOVATION focus

### Aim of the project

### *Why did you decide to create this project? What are the issues you are addressing?*

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### Community impact (if applicable)

### *Which members of the community are you planning on reaching? How will they benefit from this project?*

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### Student involvement

### *How many medical students will be involved in this project? How will they be involved? What will they gain from being involved in the project?*

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**Outline of the project**

***A demonstration that thought and planning has gone into this project will be paramount to our decision***

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### How will you measure outcomes in this project?

### *Please include if there is any way you will seek student feedback with regard to the project)*

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### Details of your mentor (if applicable)

### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

### Is your mentor assisting with this project in any way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Funding and Sponsorship

**Projected Expenses (include item) Projected Income (include source)**

**$.................... $....................**

**$.................... $....................**

**$.................... $....................**

**$.................... $....................**

**$.................... $....................**

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**Total Expenses $.................... Total Income $....................**

**Difference $....................**

 ***Projects must be not for profit.***

**If you have approached alternative sponsors please list details here:**

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**What amount of funding would you ideally like to receive from the Student Innovation Fund, and what will these funds be utilized for?**

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# Appendix

***May be used for more detailed budgets or planning outline.***

***Please limit your application to no more than these pages and a one page cover letter***