Please complete the below expression of interest form in full and save it in the following format: department.short title of practice issue (e.g. galah.handover) prior to sending it to [nursing.research@rch.org.au](mailto:nursing.research@rch.org.au).

**EOIs are due by 05.05.24**. Applicants will be notified in May regarding the outcome of their EOI.

**To be completed by the applicant:**

Name:

Position:

Unit/Ward/Department:

Nurse Unit Manager/Department Head:

In 300 words or less, provide: 1) A brief description of the topic or practice issue 2) Why it needs to be addressed 3) The skills you hope to gain

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|  |

**To be completed by the NUM:**

How do you think this project will benefit your ward/area?

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Please comment on the suitability of this applicant for the BEST Practice program.

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| --- |
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|  |  |  |
| --- | --- | --- |
| The applicant is able to use their professional development leave and/or study leave as has been negotiated between the BEST applicant and myself: | Yes | No |
| Do you commit to ensuring that the nominated nurse will be able to attend/rostered to attend BEST Practice Study Days? | Yes | No |
| Do you commit to supporting the nominated nurse to complete their BEST Practice project? | Yes | No |