



# Wessex Cancer Alliance Cancer Workforce Transformation Fund 2023/24

## Bid Application Form

Application deadline: 23<sup>rd</sup> June 2023

**Aim of the Support Fund: The fund and training offer aims to support individuals / teams to undertake a service improvement project that addresses a specific workforce challenge in cancer services.**

**Please kindly note:**

- Do not exceed 4 sides of A4 for your submission, min font size 10-point
- Electronic signatures **are** acceptable
- Applications submitted in Word are preferable
- Please submit your completed bid application form to: [kathryn.cooke9@nhs.net](mailto:kathryn.cooke9@nhs.net)

Bid Applicant Details			
Name			
Job title			
Organisation			
Email address			
Contact telephone number			
<b>Declaration of support from Executive Director on behalf of organisation</b> <i>I confirm support for this bid at Board (or equivalent) level</i>			
Name			
Job title			
Organisation			
Email contact			
Contact telephone number			
Signature		Date	

### Your Bid

Please provide details on the following:

- What is the workforce challenge you are seeking to address?
- What is your evidence for this?
- How will the funding be used to address the challenge?
- What is the proposed timeframe for this improvement project?
- How can this idea be sustained and replicated across Wessex?
- Any other details you feel are important

**Strategic Fit:** Please briefly describe how your proposed bid fits with a) the Wessex Cancer Alliance workforce cancer strategy [Cancer Workforce Strategy 2022-2025 - Welcome to Wessex Cancer Alliance](#) and b) your organisation's strategic plans and priorities

**Return on Investment:** What are the anticipated **outputs** that this funding will deliver?

**Return on Investment:** What are the anticipated **measurable outcomes** (*the result of the planned activity and desired operational result*) that the funding is aiming to achieve?

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**Return on Investment:** Who will **benefit** from this investment and how will this be realised?

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**Financial Resource required:** Please provide a breakdown of the anticipated costs for your bid

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**Risks and mitigating factors for this funded activity:** Please provide a maximum of 3 risks (*events or conditions that, if occur, will have a positive or negative effect or influence on the successful delivery of the planned activity*) and mitigating factors to deal with these.

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**For all applicants - Applicant Declaration**  
*I confirm that I have spoken with all relevant parties prior to submitting this application  
I understand that, if successful in principle, I will need to provide a draft project plan for review before any funding will be confirmed and transferred.  
I confirm that the project lead / team will be released to attend the Quality Improvement training and support days (4 days – dates tbc)*

Applicant Signature	
Date	

