**ANNEX 2 – Application Form: Health Technology Exemplars**

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| --- | --- | --- | --- | --- |
| **Name and job role** |  |  | **Sponsor name and Role** |  |
| **NHS Wales organisation and work address** |  |  | **Contact phone number and email**  **address** |  |
| **Contact phone and email address** |  |  | **Confirmation of sponsor support** |  |

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| **What is your chosen Health Technology? (200 words)** |
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| **How will your chosen Health Technology improve existing NHS Wales' ways of working, address health problems and improve health outcomes? (300 words)** |
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| **Who is the industry partner you have secured, where are they based and under what arrangements will you work with them? (300 words)** |
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| **What resources are required to deliver the project and who will provide them? (300 words)** |
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| **How will the impact of your health technology be measured and evaluated against the metrics of resource efficiency, improved health outcomes and improved patient experience? (300 words)** |
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**Please submit this form, with the title ‘Health Technology Exemplars’ to:**

[**HealthcareInnovation@wales.gsi.gov.uk**](mailto:HealthcareInnovation@wales.gsi.gov.uk)

**by 12pm on** **15th December 2015**