

ICP Application Form_Template

Form Preview

Instructions for Applicants

* indicates a required field

This Innovation Capability Program (ICP) application requires information about you, your organisation and the problem, challenge, or opportunity you have identified.

Please note:

- All discussions including problem and solution development during the Innovation Capability Program, must be on a **non-confidential** basis.
- ARIIA and Flinders University **do not warrant** that any information collected as part of the application process or disclosed during conduct of the Innovation Capability Program will be held in confidence, with the exception of personal information which will be collected and held in accordance with the Flinders University [Privacy Policy](#).

Please confirm that you are applying for the Innovation Capability Program starting the week commencing 10th February 2025 *

☐ Yes

Please read and complete this application with reference to the Innovation Capability Program Guidelines which can be found on the ARIIA website.

Applications must be lodged by 5.00 pm ACDT on Friday, 17th January 2025. Training will commence on the 10th February 2025.

NAVIGATING (MOVING THROUGH) THE APPLICATION FORM

You may begin anywhere in this application form.

On every screen (page of the form) you will find a Form Navigation contents box, this links directly to every page of the application. Click the link to jump directly to the page you want.

You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application.

If you need more technical help using the online form, download the [Help Guide for Applicants](#) or check out via SmartyGrants.

SPELL CHECK

Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in – you can switch this function on or off by adjusting your browser settings.

FILE SIZE

Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB – the larger the file, the longer the upload time.

SAVING YOUR DRAFT APPLICATION

Please save as you go!

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If you wish to leave a partially completed application, press 'save and close' and log out. When you log back in and click on the '**My Submissions**' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download PDF' button located at the bottom of the last page of the application form.

SUBMITTING YOUR APPLICATION FORM

To submit your completed application:

- Read through the terms and conditions on the final page of the application form
- Tick the box to acknowledge that you have read, understood, and agree to the terms and conditions outlined
- Select the submit button to submit the application.
- If you do not receive a confirmation of submission email, then you should presume that your submission has NOT been received.

Hint: check the email hasn't landed in your spam or junk email folder.

Full Scholarship Eligibility

Have you read the full scholarship eligibility criteria in the ICP Guidelines, and do you wish to apply for a full scholarship for this ICP commencing February 2025

- ☐ Yes
☐ No

ICP Guidelines can be found on the ARIIA website

Full Scholarship Application

ARIIA's Innovation Capability Program is offered at an industry scholarship rate, subsidised by support from the Australian Government Department of Health and Aged Care through ARIIA.

We are pleased to invite eligible applicants who meet at least one of the criteria listed below to apply for a fully funded, 100% scholarship for the ICP.

Please note: Limited scholarships available.

Please select all eligibility criteria that apply

- ☐ Provider of aged care services located in Rural and Remote zones (MMM classification 3 to 7)
- ☐ Provider of aged care services specifically to vulnerable populations
- ☐ Provider of aged care services specifically for Aboriginal and Torres Strait Islander care recipients (ACCO)
- ☐ Small or medium-sized organisation with fewer than 250 beds, packages, or clients

Refer to <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app> for MMM Classifications

Provide the MMM Zone (3 to 7) and address where aged care services are provided in Rural and Remote areas

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Refer to <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app> for MMM Classifications

Please briefly explain how your organization provides services specifically to vulnerable populations. Include examples of the populations you serve, the challenges they face, and the ways your services address their unique needs

Is your organisation an Aboriginal and Torres Strait Islander Community-Controlled Organization (ACCO) providing aged care services specifically for Aboriginal and Torres Strait Islander care recipients?

☐ Yes

☐ No

Please explain how your organization provides aged care services specifically for Aboriginal and Torres Strait Islander care recipients. Include details about your programs, initiatives, and how your services are tailored to meet the cultural and community needs of these care recipients

Please provide additional details about your organisation, such as the number of beds, packages, or clients you currently support

About the applicant

* indicates a required field

Innovation Capability Program applicant

Applicant Preferred Pronoun

Applicant *

First Name

Last Name

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Applicant Gender *

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Email *

Must be an email address.

Please describe your role in aged care: *

Do you identify as being from a culturally or linguistically diverse background (CALD)? *

☐ Yes

☐ No

Aged Care Organisation (Employer of the applicant)

Aged Care Organisation name *

Organisation Name

Aged Care Organisation Primary Address *

Address

Aged Care Organisation Primary Phone Number *

Must be an Australian phone number.

Sponsor

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Sponsor *

First Name

Last Name

Role and Relationship of sponsor to applicant: ***Sponsor Primary Phone Number ***

Must be an Australian phone number.

Sponsor Primary Email *

Must be an email address.

Project Information

* indicates a required field

Please select all responses that apply

Project Title

Please input a draft project title

Briefly describe the problem or challenge you want to solve in your workplace? *

Word count:

Describe the problem, challenge or opportunity, its significance and the expected outcomes in no more than 200 words.

Please indicate the care setting where your project will be located *

☐ Residential Aged Care ☐ Community Aged Care

Other

Please select all that apply

Please indicate the geographical setting where your project will be located *

☐ Rural ☐ Remote ☐ Metropolitan

Other

Refer to <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app> for MMM Classifications

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Does your organisation provide targeted aged care service to Aboriginal or Torres Strait Islander care recipients?

- ☐ Yes
- ☐ No

Will this project include those services?

- ☐ Yes
- ☐ No

Topic this application relates to *

- ☐ Dementia care
- ☐ Restorative care, reablement and rehabilitation
- ☐ Social isolation
- ☐ Mental health & wellbeing
- ☐ Palliative care & end of life
- ☐ Meaningful lifestyle activities
- ☐ Staff burnout
- ☐ Technology in Aged Care
- ☐ Clinical governance
- ☐ Urgent and critical need

Please provide rationale as to why the problem is urgent and critical: *

Acknowledgment

* indicates a required field

By submitting this application for the Innovation Capability Program (ICP), I acknowledge and agree to the following terms and conditions:

- 1. Program Participation:** I commit to participating in the Innovation Capability Program (ICP) as per the schedule and guidelines provided.
- 2. Fee Payment:** I agree to pay the subsidised fee of \$1900+GST upon acceptance into the program, unless I am eligible for a 100% scholarship as outlined in the ICP Guidelines. I understand that if I am granted a scholarship, I will be notified separately.
- 3. Intellectual Property and non-Disclosure:** By participating in the Innovation Capability Program (ICP), I acknowledge that all materials, resources, and content provided by ARIIA and Flinders University remain the intellectual property of ARIIA and Flinders University. Use of these materials is permitted for personal reference and workplace application including sharing the materials internally for implementation purposes aligned with the ICP project or other organisational improvement projects. However, reproduction, public or third-party distribution, or use of these materials for commercial purposes is prohibited without ARIIA's and Flinders University's prior written consent. Disclosure of any proprietary information to third parties is not allowed without authorisation.

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4.**Privacy:** I understand that personal information provided in this application will be collected, processed, and stored in accordance with the Flinders University Privacy Policy. I consent to the collection and processing of my personal data for the purposes of this application and program.

5.**Technology and Compliance:** I agree to comply with Flinders University's IT and security policies, including the installation of required programs or applications on my personal devices for program participation. I understand that ARIIA can offer limited technical support, but I am responsible for ensuring that my technology meets the necessary requirements.

6.**Commitment to the Program:** I confirm that I have permission from my employer to participate in the program and that my organisation supports my involvement, including the time commitment required for the program.

7.**Understanding of Terms:** I confirm that I have read and understood the terms and conditions outlined in this form and agree to abide by them throughout the duration of the program.

Please check the box below to confirm your acknowledgement: *

☐ Yes, I agree