

Before completing and signing this form please read the GSK educational grant process and criteria details

Title of the education initiative	
Total amount of funding requested	BGN

## 1. IME provider details

Name of organisation			
Type of organisation	Select the most appropriate description		
Are you a healthcare organisation? Please provide public registration data	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>HCO: A legal person that is a healthcare, medical or scientific association or organisation such as a hospital, clinic, foundation, university or other teaching institution or learned society.</i>		
Description of organisation <i>Please include <b>legal structure, purpose and approximate annual revenue.</b> ( If the organisation provides marketing and independent education services please attach evidence demonstrating that the educational services are independent ) Please provide organogram or accreditation certification from a recognised accreditation body that requires independence e.g. ACCME (ex. MH, Above Country Medical Association membership, Medical Union membership etc)</i>			
Is the amount requested, together with all other funds received by GSK in the calendar year, more than 25% of your organisation's annual revenue?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> > 25% <input type="checkbox"/> > 50%
Contact name and business correspondence	Name		
	Address		
	Email		
	Tel		

## 2. Conflict of interest declaration

<b>Are any of the officers or beneficiaries of your organisation a government official or affiliated with a government agency?</b>	
<input type="checkbox"/> Yes <i>Please provide details below of the relevant government or decision-making bodies, and indicate whether you are involved or a member of your family. If a GSK product has recently or will in the near future (within 6 months) be subject to a review or decision by this government or other advisory or decision-making body, please also provide details of the relevant process</i>	<input type="checkbox"/> No
<b>Does your organisation, or any of its beneficiaries, have a role making decisions or advising on the regulation of medicines or prescribing policy or funding or the provision of healthcare at a national or international level?</b>	
<input type="checkbox"/> Yes <i>Please provide details below:</i>	<input type="checkbox"/> No

**Has your organisation received any pharmaceutical, biotechnology company or other commercial industry support for educational activities in the chosen disease areas outside of a grant application process? (ex by contract services)**

<input type="checkbox"/> Yes Please provide details below:	<input type="checkbox"/> No
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**Is a current or previous GSK employee involved in the development of the educational content?**

<input type="checkbox"/> Yes Please provide details below:	<input type="checkbox"/> No
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**3. Education grant proposal**

**Education proposal is in the following GSK therapy area(s)**

<input type="checkbox"/> Respiratory	<input type="checkbox"/> Vaccines	<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Immune inflammatory and rare disease	<input type="checkbox"/> Urology
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**The focus of the education is in the following GSK disease area(s)? Multidisciplinary? Yes / No (if yeas, please describe in the free text below)**

<input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Allergic rhinitis	<input type="checkbox"/> Pneumococcal disease <input type="checkbox"/> Rotavirus <input type="checkbox"/> Human papilloma virus <input type="checkbox"/> Meningitis <input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HIV	<input type="checkbox"/> SLE <input type="checkbox"/> PAH	<input type="checkbox"/> BPH
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**Identified healthcare professional education need**

- Please provide an independent, comprehensive, evidence-based assessment that identifies the healthcare professional knowledge, competence, performance and patient health gaps that exist against standards of best practice.
- Examples of evidence may include expert interviews/testimonials/market research, peer-reviewed published data, nationally recognised papers or anonymised aggregate patient record reviews, current practises, guidance, ordinance, examples of local practice and current curriculum for specialty training
- Maximum 750 words.

## Educational design

- *Please provide clearly defined, measurable learning objectives that are aligned with the identified educational need and expected improvement in knowledge or performance gap of the target audience.*
- *Provide an outline of the educational format e.g. a comprehensive description of a curriculum-based multiple intervention programme that utilises interactive and innovative formats that are designed to improve healthcare professional knowledge, performance, skill, patient health, draft Agendas etc*
- *If the education is accredited please add details of the accreditation body and attach a certificate of accreditation to your application.*
- *Outline the number and discipline of the proposed target audience and how the initiative will reach this audience*
- *Please provide the channel through which the IME program / activity will be announced publicly to the relevant health care professionals trainee audience for participation applications*
- *Identify any barriers to improving educational outcomes as well as a strategy to overcome these barriers that may include tools that support the application of knowledge in to practice such as algorithms, proforma, patient engagement tools or office tools such as notifications or reminders.*
- *Profile of the attendees*
- *Involvement / Engagement of patients in the educational activity*
- *Maximum 1,500 words.*

**Educational outcomes<sup>1</sup> that will be measured (recommended but not required to use Moore levels)**

<sup>1</sup> Please refer to Moore D. E., *Journal of Continuing Education in the Healthcare Professions*, 2009, vol. 29, issue 1, page 3.

National reach

Regional or local reach

Please outline how the educational outcomes will be measured;

- highlight the link between the education and the evaluation,
- highlight the link between measured education outcomes and clinical practice / patients benefit;
- how the results will be analysed and communicated.

Minimum requirement is to prove knowledge improvement at level 3 comparable with Moore : Pre- and post tests of knowledge

Level of educational outcome as: Level 1 (Attendance records source); Level 2 (Questionnaires completed by attendees after the activity); Level 3 (Pre- and post test of knowledge); Level 4 (Observation in educational setting of the new practical activity / competency); Level 5 (Observation of the new knowledge performance in patient care setting, database report); Level 6 (health status measures recorded in patients documentation or admin databases); Level 7 (epidemiologic data and reports), ref1.

### How best practice will be shared

Outline any communications strategy of how the education or outcomes will be shared with the wider healthcare professional community.

Agreement for public disclosure of the educational activity results.

Website, journal, etc.

I agree to GSK reserving the right to post an executive summary of the education provided and outcomes measured 

## 4. Budget

Honoraria and faculty expenses may be included.

Participant travel and accommodation or out-of-pocket expenses will not be covered.

For personnel costs please include hourly/daily rate and number of hours/days.

The below is an example. Please adjust accordingly. Please enter all planned budget items for the project irrespective to the requested for funding proportion

Budget item	Hourly cost	Hours	Total	Description of expense
Logistics (e.g. venue)				
(line item)	BGN		BGN	
(line item)	BGN		BGN	
(line item)	BGN		BGN	

Audience generating material and activities (e.g. invitations, leaflets, electronic distribution)			
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
Faculty expenses (e.g. honoraria, travel, accommodation)			
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
Programme material development (e.g. webcasts, e-learning modules, slides, publications)			
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
Accreditation fees			
(line item)	BGN		BGN
(line item)	BGN		BGN
(line item)	BGN		BGN
<b>Total</b>			BGN

## 5. Payment details

Contact name for payment	Name	
	Address	
	Email	
	Tel	
<b>Bank details</b> <i>Payment must be made to an organisation and not an individual's account</i>	Account name	
	Account number	

## 6. Declaration

I declare that the information in this form is true, correct and complete to the best of my knowledge

Name		Signature	
Position		Date	Click here to enter a date.

In case of insufficient information in the request template the contact person will be kindly asked by GSK for additional details.

Please return a signed copy of enclosed document to GSK by one of the methods listed below:

- Please sign and return all pages scanned via Email to: [SOF\\_MA@gsk.com](mailto:SOF_MA@gsk.com). Please use this option when possible.
- Fax: +359 (0)2 950 56 05

Please note that if the faxed document is not legible, it will not be processed.

- **Regular mail to:**

**GSK**

**115 G, Tsarigradsko Shosse**

**Floor 9**

**1784 Sofia**

**Bulgaria**