

# **‘The path of making things right: Te ara whakatika’ project team expression of interest.**

Please complete all questions, providing as much detail as possible. If you have any questions regarding this form, please contact [help@majortrauma.nz](mailto:help@majortrauma.nz)

## **Project information**

1. Project location (region, town or city where the project will be based)
2. Name of service / organisation
3. What is the problem/opportunity this project is trying to address in your local population?  
*This might not be known at this stage but consider how your trauma patients access community rehabilitation*
4. Include any relevant information or data about your service related to major trauma data, rehabilitation, transition support, areas for improvement.  
*This might be also limited at this stage but consider what data you have available to you and how this might inform your thinking for the project*

## **Your project team details**

*Please provide names and job titles where possible.*

1. Project lead / key contact name
2. Project lead /key contact’s job title
3. Project lead / key contact’s email address
4. Project lead /key contact’s physical address
5. Please list any health professionals who may be involved with the project
6. Please list any rehabilitation or kaupapa Māori provider(s) who may be involved with the project
7. Do you need support to engage consumer, whānau, family groups?  
*If yes, the Commission team can support you in this*
8. If you are aware of any potential or perceived conflict of interest(s), please declare this here

## **Organisational support**

9. Project sponsors name  
*The project sponsor is the senior leader accountable to the organisation for the project*

10. Project sponsor job title

11. Project sponsor email