

Wishlist_Expression of Interest

Form Preview

Wishlist Expression of Interest

Applicant Details

* indicates a required field

Applicant Name *

First Name

Last Name

Applicant Position *

Applicant Primary Phone or Mobile Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Certification of Equipment / Service / Quality Improvement (QI)

* indicates a required field

Is the equipment currently on the Health Technologies Equipment Replacement program (HTER)? If you are unsure consult with your Principal Finance Business Advisor (PFBA). *

You are unable to submit an application with Wishlist due to the equipment / Service you are applying funding for is already on the SCHHS HTER / Procurement List

Applicants must attach an approval form signed by Business/Line Manager, DON/ Facility Manager and PFBA. This form is available [here](#) on the Wishlist website.

Approval Form Attachment *

Attach a file:

Wishlist_Expression of Interest

Form Preview

Equipment / Service or Quality Improvement project details

* indicates a required field

Project Title *

Work Unit where project will be undertaken *

Please include unit, department where equipment or project will be based

Which hospital or area will this equipment, service or project most impact? *

Please indicate the hospital or community service where equipment or project will be based. Will other campuses or units with the SCHHS benefit from this equipment/service?

Description

Which Patients will benefit from this equipment? *

Local Cancer Patients Cardiac Patients Children Our elderly patients Dementia patients Rehabilitation patients Neurology patients ENT patients Stroke patients

Other

Wishlist holds funds dedicated to health areas including Paediatrics, Cancer, Palliative Care etc. By identifying the patients who potentially benefit from your project we're able to direct funds appropriately ie. where donors want funds to go.

What is the problem you are trying to solve? (Describe in 2 to 3 sentences the current gap in quality and the existing condition or process you hope to improve) *

Word count:

Must be no more than 200 words.

How will the equipment or service directly benefit consumers of the SCHHS and local families? *

Wishlist_Expression of Interest

Form Preview

Word count:

Must be no more than 100 words.

Describe three things you want the project to achieve in terms of benefits to patients, local families and SCHHS. This is your chance to pitch to the Wishlist Board and to the Coast community, so present the benefits clearly and in layman's terms.

Approximately how many patients per year present at your ward/unit who would benefit from this equipment / service, improved process? *

Please provide a figure amount (approximate)

Provide a clear breakdown of the assistance required from Wishlist? Ensure that this assistance has been reviewed by your Business Manager for accurate costings. *

Word count:

In bullet point format list all items to be funded

Identify any related additional recurrent or maintenance costs. *

Word count:

Must be no more than 100 words.

Funding previously received from Wishlist

* indicates a required field

Indicate if you have received or applied for any other funding to assist with this purchase. If yes, please specify: *

Applicant Declaration

* indicates a required field

Please note all applications must be approved by Business/Line Manager, DON/Facility Manager and PFBA prior to submitting application.

Declaration and Privacy Statement

I certify that all details supplied in this application and in any attached documentation are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of organisation/group.

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I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact Wishlist immediately if any information provided in this application changes or is incorrect.

Wishlist respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you may also be used by Wishlist and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact (07) 5202 1777

I have discussed this application with the Director of my Unit / Department.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date.