

Applicant Details

* indicates a required field

Applicant Name *

First Name

Last Name

Applicant Position *

Primary Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Mobile Phone Number *

Must be an Australian phone number.

Certification of Equipment / Service / Quality Improvement (QI)

* indicates a required field

Is this Equipment / Service currently on the HTER / Procurement List? (If you are not sure please check with your BSM) *

Project Funding

Form Preview

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 a signed BSM / DON/Facility Manager / GM Approval Form .
This form is available on the Wishlist website [Click here to download the form.](#)

Approval Form Attachment *

Attach a file:

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 compuses or units with the SCHHS benefit from this equipment/service?

Is this a Choosing Wisely (Quality Improvement) initiative? If yes, please make sure your response clearly outlines aligns with the Choosingly Wisely philosophy *

Choosing Wisely submissions are those which are intended to reduce tests, treatments and procedures where the evidence shows it provides little or no benefit to the patient, and/or supports patients and health professionals to talk to each other about options for tests, treatments and procedures.

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, Cardic 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.

Project Funding Form Preview

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.

What outcome are you hoping to achieve? Specify how good, for whom and by when. Consider a SMART goal.

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

*

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.

Describe the initiative (proposed actions) and how it demonstrates the principles of quality improvement; consumer/customer focused, staff-led initiative, focus on quality of service and harm reduction, evidence-based, multi-professional, transparent.

*

If this is a Choosing Wisely submission please describe how your initiative will reduce tests, treatments and procedures where the evidence shows it provides little or no benefit to the patient, and/or supports patients and health professionals to talk to each other about options for tests, treatments and procedures.

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)

Indicate which [SCHHS strategic priority](#) this equipment or project aligns to.

Provide a high-level description of how the quality improvement outcomes will be incorporated into business as usual (2-3 sentences)

*

Project Funding

Form Preview

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

How will the proposed equipment, service or project provide maximum public benefit for dollars donated or raised by the Sunshine Coast Community? *

Word count:

Must be no more than 100 words.

Consider the number of patients/families to benefit from this equipment/service each year or the efficiencies to be created by providing it.

Are there any partnerships associated with the project? *

If you answered yes to the previous question, please provide details of the partnership including explanation of the relationship

Word count:

Please provide brief details and we recommend no more than (100 words) Is the partner aware you've approached Wishlist for funding?

Wishlist may not be in a position to fund this equipment immediately. What is the urgency for this equipment, service or QI project if it were to be considered for our wish list? *

Word count:

Must be no more than 100 words.

Please give an indication of when this equipment/service is required by your unit and why it is required within this timeframe. For instance, if Paediatric funding is required, this equipment may be directed to the wish list for Mix FMs Give Me 5 for Kids held in June each year. If this were the case we may not be in a position to fund your project until October, unless funds are received prior.

If Wishlist agrees to fund this equipment, service or project would you be prepared to provide case stories as to the benefit of this project to your patients (privacy assured unless signed consent given by the patient) *

Project Funding

Form Preview

Word count:

Please outline in dot point how you will promote Wishlist within your team, hospital or the wider community. We recommend no more than 150 words

If Wishlist agrees to fund this equipment, service or support would you assist our charity to promote our fundraising efforts within your service? *

Word count:

Must be no more than 150 words.

Provide examples of how you may be able to assist with fundraising promotion within your unit/team.

Funding previously received from Wishlist

* indicates a required field

Have you successfully applied to Wishlist for Funding previously? *

If 'yes' please provide details of funding provided by Wishlist

Word count:

Please provide a brief outline of funding provided. We recommend no more than 100 words

Have you submitted a Project Funding Report for the funding outlined above? Did you help facilitate media or a donor presentation with Wishlist?

If you stated 'no' in the previous question you must upload a project funding report now.

Please note if you have not submitted a report on previous funding allocated by Wishlist this application will be declined.

The Project funding template is available on the Wishlist website. Click [here](#) to download form, fill out and upload below.

Upload Project Funding report below

Attach a file:

Budget

* indicates a required field

Project Funding

Form Preview

Funds Requested

If equipment is over \$3,000 in total you must provide 3 quotes.

(Please note all applications for equipment over the value of \$5,000 will require approval from SCHHS Director of Asset and Infrastructure).

Total Amount Requested *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Does the total amount requested include equipment, delivery, handling and calibration costs and GST where applicable. *

- Yes
- No

Is this equipment / project on the approved procurement list? *

- Yes
- No

Please indicate below if equipment is new, replacing existing or will have any recurrent costs. *

Is it replacing current equipment? Is it upgrading current equipment? Is this equipment new?

Is this equipment already available in your area? *

If you answered yes to this question please outline why you need another?

Word count:

Please provide brief explanation, we recommend no more than 100 words

What is the anticipated lifespan of this equipment / service?

Preferred Supplier

Organisation Name

Preferred Supplier Mobile Phone Number

Must be an Australian phone number.

Preferred Supplier Primary Email

Project Funding Form Preview

Must be an email address.

Preferred Suppliers quote *

Attach a file:

Second Quote

Attach a file:

Third quote

Attach a file:

Explain if there is only one supplier available for these item/s

If applicable; please attach further supporting supporting documentation

Attach a file:

Reports, pictures of equipment

Related recurrent or maintenance costs

Are there any related recurrent or maintenance costs associated with this equipment / service ?

Cost	Amount
	\$

Related recurrent or maintenance costs

Total Expenditure Amount for recurrent and/or maintenance costs

\$

This number/amount is calculated.

Project Funding

Form Preview

Will your Department / Unit support these additional costs to the funded amount?

- Yes
- No

Applicant Declaration

* indicates a required field

Please note all applications must be approved by BSM / DON/Facility Manager / GM 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.

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.