# Sample form, not for offline completion.

Visit https://rbwhfoundation.grantplatform.com to apply.

RBWH Foundation

Advancing patient care and life-saving research

# RBWHF Grant Round 6 - Aboriginal and Torres Strait Islander



Project title

**To confirm eligibility and proceed with your application, please click the purple 'Check Eligibility' button.**

Do you identify as Aboriginal and/or Torres Strait Islander, and hold an appointment with the Metro North Health?

◯ Yes

◯ No

This grant scheme requires the lead applicant to identify as Aboriginal and/or Torres Strait Islander.

Will your proposed research or quality improvement activity benefit Aboriginal and/or Torres Strait Islander patients treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience and/or environment?

◯ Yes

◯ No

This grant scheme requires the project to directly involve and/or benefit Aboriginal and/or Torres Strait Islander patients (and/or their families).

Is your proposed research or quality improvement activity able to be completed within 12 months?

◯ Yes

◯ No

4. Are you a Lead Applicant on an currently funded RBWH Foundation Grant?

◯ Yes

◯ No

This applies to all our funding schemes, i.e. if you currently have a Research grant you are still ineligible to apply for a Patient Care grant and vice versa.

To streamline application, documentation and communications processes, we strongly recommend that Lead Applicant and the grant writer are the same individual, using the same email address and name.

Title

Associate Professor

Doctor

Mr

Mrs

Ms

Professor

Other

First name

Last name

Position/Role

Department and/or Service Line

Primary Organisation

RBWH

STARS

MNH Institute

Other

Email

It is recommended to use your individual email rather than a shared inbox email address.

Phone

Mobile (optional)

Connection to Community and Mob

This question is to assist RBWH Foundation and the Advisory Panel regarding eligibility - identify your Mob.

Together, we advance patient care and life-saving research. Please provide a brief description of how you have, or would like, to engage with and/or support the RBWH Foundation. 150 words

While Foundation support isn't an eligibility criterion for funding, it is only through our collective community effort that funds are available for research and patient care through our Grant rounds.

Project Title 10 words

Select the Key Priority Area (from MNH Health Equity Strategy) that best aligns with your project:

♡

Eliminate Racism : Actively eliminate racial discrimination and institutional racism within the service.

Healthcare Access: Increasing access to services for Aboriginal and/or Torres Strait Islander communities

Culturally Safe: delivering sustainable, culturally safe and responsive services.

Working with Aboriginal and/or Torres Strait Islander Peoples: to design, deliver, and monitor health services.

Please select one option from the drop-down that best aligns with your project.

Use the Project Outline to include information about how your project aligns with the selected Key Priority Area.

**Impact and Improvement** 200 words

Outline your project or quality improvement activity

Your outline should address the scoring criteria (**Impact and Improvement**) and include:

- Background information about why this work is needed.
- Importance to Aboriginal and/or Torres Strait Islander patients and families.
- Clear rationale and objectives and intended outcomes.
- Engagement or Partnership with Aboriginal and/or Torres Strait Islander Community.

Please specify the number of people who will be positively impacted by your project/activity

| | | Number of people |
|---|---|---|
| 1 | Patients | |
| 2 | Family members | |
| 3 | Carers or community members | |
| 4 | Staff (clinical/Admin) | |

Your project is likely to have positive impact beyond the patients themselves. Use this table to indicate the approximate number of people that will be positively impacted by your initiative within each group.

**Methodology** 200 words

How will the methods and outcomes of this project influence positive practice?
How will success be measured?

Include outcome measures and indicate how you will evaluate these (e.g. surveys, feedback forms, yarning circle).

These evaluations should show how you will measure the success of your project/activity, e.g. enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication, staff and other resources alleviated.

**Project Feasibility** 200 words

Include information about team support/mentorship
Include any potential delays you may encounter

There can be risks associated with any project. List at least 1 (max 3) identified risks and the ways (strategies) you intend to use to remove or reduce the risk(s). 100 words

Consider any risk related to the estimated cost of delivering your project (including changes to equipment pricing, wages).

Consumer and Community Engagement

Describe how community members, including patients, are meaningfully involved in this project.

This might include project design, decision-making, and/or developing shared goals.

Do you believe your project could have secured funding from other sources? (*yes/no, and provide information if you have tried before*)

**Note**: The purpose of this question is for RBWH Foundation data collection. **Your response will not be visible to reviewers and Advisory Panel, and will not influence the assessment of this application**.

**Please note that Grant funding is capped at $20,000.**

Does your application include the purchase of equipment and/or a medical device?

Yes

No

Please provide a full itemised budget for your initiative, encompassing all relevant items. Including, but not limited to, in-kind contributions, existing funding sources, scholarships, and any other financial elements.

**Institute overheads and indirect costs cannot be funded.**

| Item | In Kind costing | Costed Items |
|---|---|---|
| 1 | | 0.00 |
| 2 | | 0.00 |
| 3 | | 0.00 |

This can include staff time, the cost of performing and evaluating the initiative, equipment purchase cost, cost of disseminating results (**excluding journal publication costs**), and acknowledgement of Foundation funding.

Tell us which line items from the budget table you are requesting funds from the RBWH Foundation?

E.g. "Items 1-3 and 5"

What is the total funds you are requesting from the RBWH Foundation? (Capped at $20,000)

This funding total should match the total of the line items indicated in the above response.

**Budget Justification**. Include wage/salary/FTE of staff funding request and staff in-kind details, any equipment, printed resources, and consumables etc. Remember to include costs for Foundation Acknowledgement. 200 words

Appropriate acknowledgment and recognition that the project/initiative was made possible through RBWH Foundation funding and our generous donors:

• Physical contributions (e.g. equipment, furniture, refurbishment) are to be acknowledged with a plaque or a framed certificate in clinical and/or patient areas, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.

Will this project require collaboration across Herston Health Precinct, with other team members, and/or community?

♡

Yes

No

☐ I confirm that all collaborators listed here are aware and supportive of this application.

There is no requirement for collaborators to sign their approval of the submission, however, lead applicants are required to confirm that they have communicated the listed collaborators about the submission.

Title

Full name (first and last name)

Email

Position/Role

Involvement 100 words

Please describe the collaborator's involvement in your project and/or in mentoring you during this project.

It is advised that the applicant **discuss their project/initiative with their respective Business Manager (BM) and Service Line Director (SLD) prior to submit their application**.

- The endorsement process will be facilitated by the applicant filling in the **correct email addresses of their BM and SLD.**
- Upon submission, the platform will automatically notify BM, followed by SLD, requesting their endorsement. **There is no requirement of their signature in any document.**
- If the applicant is unsure of the SLD email address, please check with your appropriate BM.
- BM and SLD should be from RBWH, STARS, and/or MNH (please do not nominate an academic affiliated cost centre).

I confirm that I have discussed this application with my Business Manager prior to submission.

☐ Yes

Your Business Manager (BM) is the relevant person from your department that will review your budget and general aspects of your application.

Your BM will be responsible for oversight the financial aspects of your funds if you are successful. Make sure you discuss your application with the right BM and provide their correct details. This will facilitate the endorsement period.

# Business Manager

First and last name

Business Manager Email

Phone number

# Service Line Director

First and last name

Service Line Director Email

Phone number