Appendix - 1

Sample form, not for offline completion.

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

RBWH Foundation
Official charity of RBWH

RBWHF - PATIENT CARE

SAMPLE

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.

Project title

☐ By proceeding with the RBWH Foundation Grant application, you agree to the RBWH Foundation Privacy Collection Statement here.

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

☐ **I give my consent** for the RBWH Foundation to apply for an external grant based on this proposal. (optional)

This consent allows the RBWH Foundation to use information provided in this submission to seek and apply for external grant funding on your behalf.

Your response will not impact the assessment of this submission.

1. Will your proposed Patient Care initiative benefit patients treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience and/or environment?

◯ Yes

◯ No

1. Do you hold an appointment at Metro North Health?

◯ Yes

◯ No

Is your proposed Patient Care initiative able to be completed within 12 months?

◯ Yes

◯ No

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

◯ No

◯ Yes

This applies to all our funding schemes.

For example: if you currently have a Research grant that is yet to be completed, you are ineligible to apply for a Patient Care grant.

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

♡

Doctor

Professor

Assoc Professor

Mr

Mrs

Ms

Other

First name

Last name

Position/Role

Department and Service Line

Primary organisation

♡

RBWH

STARS

SAMPLE

MNH Institute

Other

Email

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

Phone

Mobile (optional)

Are you of Aboriginal and/or Torres Strait Islander origin?

♡

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Have you previously received RBWH Foundation grant or funding? This includes RBWH Foundation co-funding of RBWH-SERTA grants, fellowships, ad-hoc and/or out-of-round funding etc.

♡

Yes

No

Note: the purpose of this question is for data collection and impact understanding. **Your response is only visible to the RBWH Foundation team and will not influence assessment of this application.**

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

Please outline any current or planned engagement with the RBWH Foundation. This may include fundraising activities, volunteering, sharing patient or staff stories, and promoting the Foundation and its work at staff meetings, forums, or within professional and community networks.

Initiative title 10 words

SAMPLE

Keywords (3-5 words, separated by commas)

Is this a new or existing initiative?

♡

New

Existing

Quality of Care Impact & Feasibility 400 words

Outline your initiative

Your outline should address the scoring criteria and include clear rationale, objectives, and intended outcomes.

Use this section to describe the potential reach of your initiative across RBWH and/or STARS, and how the proposed initiative enhances patients' wellbeing and experience.

Evaluation 300 words

How will the success of this initiative be measured?

Include outcome measures such as, enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication and staff & other resources alleviated. Describe your evaluation mechanisms e.g. surveys, feedback and initiative deployment.

Highlight proposed benefits beyond the funding period.

Please, specify the number of people that will be positively impacted by your initiative

	Group	N. of people positively impacted
1	Patients	
2	Family members	
3	Carers	
4	Staff (clinical and/or admin)	

Patient Care initiatives are focused in providing enhanced environment, experience, satisfaction and wellbeing to patients, their family members, and carers, and to the staff (clinical and administrative). Use this table to indicate the approximate number of people that will be positively impacted by your initiative within each group.

Please provide details about the calculation of number of people that will be positively impacted through this initiative.

For example: This could be estimated from the number of patients and staff on a weekly/monthly/annual basis within your department.

SAMPLE

Feasibility 250 words

There are risks associated with any initiative. List a minimum of 1 identified risk (maximum 3) and the accompanying mitigation strategies.

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

Feasibility

Does your initiative involve consumer engagement?

Yes

No

In the context of health policy, services and care, a consumer is a person who uses, has used or is a potential user of health services and information. Consumers can participate as individuals, community groups, consumer organisations or consumer representatives.

Do you believe your initiative could have secured funding from other sources?

Yes

No

Unsure

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**.

Have you previously tried to obtain funds for this initiative?

Yes

No

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**.

OPTIONAL: Attach a Patient Care initiative plan including key milestones and the completion date. (optional)

OPTIONAL Please use font size minimum 11.

- Max 3 pages.

As a guide, we recommend the following content for your initiative plan:

Background - provide a brief background of your initiative, explain why it is needed and how and which aspects of patient quality of care it will improve.

Outline - you can use this section to detail your initiative scope, objectives, evaluation mechanisms and intended outcomes.

SAMPLE

Key milestones and outcome measurement explain how success will be measured and provide a timeline of key milestones and expected completion date of your initiative.

Key References

Please note that Grant funding is capped at $50,000.

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, **excluding GST**. Including, but not limited to, in-kind contributions, existing funding sources, scholarships, and any other financial elements.
Institute overheads cannot be funded.

Item	In-kind Costing	Costed Items
1		
2		
3		

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.

Confirm the line items you are requesting RBWH Foundation grant funding for?

E.g. 1, 3, 5 ...

What is the total funding amount you are requesting from the RBWH Foundation?

Funds are capped at $50,000.

This should be the sum of the Requested - Costed items associated with the line items indicated.

Budget justification. Provide a brief justification of your budget. If you're asking funds for staff, include FTE and salary base; staff in-kind details; equipment and consumables details, etc. Don't forget to include Foundation Acknowledgement costs (see hint box for details). 300 words

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

· Physical contributions (equipment, furniture, refurbishment, etc.) are to be acknowledged with a plaque or a framed certificate on spaces, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.

Will this initiative require collaboration across Herston Health Precinct or with other team members, including from other national or international institutions?

SAMPLE

Yes

No

Title

First name

Last name

Email

Position

Involvement 100 words

Please describe briefly the collaborator's contribution to your initiative/project.

Use this tab to submit equipment and/or medical device quotes, if available, or any other document that supports your application.
You can submit Word or PDF files of a maximum of 5MB size.

Business Manager

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

☐ Yes

The majority of administrative delays are caused by incorrect details - Ensure you discuss your application with the correct Business Manager and provide their correct details. This will facilitate the endorsement period.

Your **Business Manager is the relevant person from your department who will review your budget and general aspects of your application**, and who will be responsible for oversighting the financial aspects of your funds.

Service Line Director

SAMPLE