

**Sample form, not for offline completion.**

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



## RBWHF Grant Round 2 - PATIENT CARE

Project title

☐ By proceeding with the RBWH Foundation Grant application, you agree to the RBWH Foundation Privacy Collection Statement [here](#).

**To confirm eligibility and be able to proceed with your application please click the gold 'Check Eligibility' button.**

Research projects or Patient Care initiatives are eligible when:

- they are primarily based at RBWH and/or STARS and;
- they propose to improve RBWH and STARS patients outcomes and/or enhance the patient experience and;
- they are led by a primary applicant who holds an appointment with RBWH, STARS or a Metro North Health Institute located on the Herston Health Precinct.

Do you hold a RBWH, STARS, or Metro North Institute\* appointment?

☐ Yes

☐ No

Institutes on the Herston Health Precinct: Comprehensive Breast Cancer Institute, Herston Biofabrication Institute, Herston Infectious Disease Institute and Jamieson Trauma Institute.

Is your proposed Patient Care initiative primarily based at RBWH and/or STARS?

☐ Yes

☐ No

Will your proposed Patient Care initiative have impact and benefit to patients at RBWH and/or STARS?

☐ Yes

☐ No

# Applicant Details

Title (Drop down selection)

▼

Doctor

Professor

Assoc Professor

Mr

Mrs

Ms

Other

First name

Last name

Postion title/role

Department & service line

Primary organisation (Drop down selection)

▼

RBWH

STARS

Comprehensive Breast Cancer Institute

Herston Biofabrication Institute

Herston Infectious Disease Institute

Jamieson Trauma Institute

Applicant email address

Applicant phone number

Applicant mobile number (optional)

Are you of Aboriginal and/or Torres Strait Islander origin? (Drop down selection)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

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

This includes but is not limited to direct fundraising efforts, Foundation engagement and advocacy, attendance and involvement in Foundation events, media, and fundraising.

## Initiative

Initiative title 15 words

Keywords (3-5 words, separated by commas)

Is this a new or existing initiative?  
(If you select existing, you will be prompted to supply additional information about current funding sources.)

New

Existing

Outline your initiative 400 words

Your Patient Care initiative outline should include clear rationale, objectives, evaluation mechanisms, and intended outcomes. Use this section to describe the potential reach of your initiative across RBWH and/or STARS, highlighting benefits beyond the funding period.

How will the success of this initiative be measured? 300 words

Include outcome measures and indicate evaluation mechanisms e.g. surveys, feedback, initiative deployment, etc. Describe the quantifiable benefit of you Patient Care initiative e.g. enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication, staff and other resource alleviated, etc.

There are risks associated with any initiative. List a minimum of 1 identified risk (maximum 3) and the accompanying mitigation strategies. 250 words

COVID-19 restrictions may still impact your Patient Care initiative. Please, consider COVID-related impacts in your risk considerations. Consider any risk related to the estimated cost of delivering your initiative (including changes to equipment pricing, wages).

Does your initiative involve consumer engagement?  
(If you select yes, you will be prompted to describe in what capacity the consumer/s are involved in your initiative.)

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.

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



If you opt for providing a Patient Care initiative plan, 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.  
**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.  
**References**

## Budget

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	Cost
1	
2	
3	

This can include staff time, the cost of performing and evaluating the initiative, equipment purchase cost, cost of disseminating results, and acknowledgement of Foundation funding.

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

Funds are capped at \$50,000.

For what numbered items from the above table you are requesting funds from the RBWH Foundation?

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

## Collaboration

Will this initiative require collaboration across RBWH and/or STARS departments or with other team members?

Yes

No

Title

First name

Last name

Email

Position

Involvement

100 words

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

Use this tab to submit equipment and/or medical device quotes, if available.  
You can submit Word or PDF files of a maximum of 5MB size.

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.

- This will be facilitated by the applicant filling in the correct email addresses of their BM and SLD, and selecting RBWH or STARS regarding Executive Director (ED).

- Upon application submission, the platform will automatically notify BM, followed by SLD and ED, 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. **Try to provide the BM and SLD generic email addresses.**
- BM and SLD should be from RBWH or STARS (please do not nominate an academic affiliated cost centre).

## Business Manager

Name (First & Last name)

Email

Phone number

## Service Line Director

Name (First & Last name)

Email

Phone number

**P 1300 363 786**   **E [info@rbwhfoundation.com.au](mailto:info@rbwhfoundation.com.au)**  
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