

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 3 - 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 led by a primary applicant who holds an appointment with RBWH, STARS or a Metro North Health Institute located on the Herston Health Precinct and;
- 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.

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 - Dropdown menu

- Doctor
- Prof
- Assoc Prof
- Mr
- Mrs
- Ms
- Other

First name

Last name

Position/Role

Department & Service line

Primary organisation - Dropdown menu

- RBWH
- STARS
- CBCI
- HBI
- HeIDI
- JTI

Email address

Phone

Mobile (optional)

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

▼

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 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.

Initiative

Initiative title

15 words

Keywords (3-5 words, separated by commas)

Is this a new or existing initiative? - Dropdown menu

▼

New

Existing - if you select Existing, a new text box will open for you to comment on the status of the initiative

Outline your initiative

400 words

Your Patient Care initiative outline should include clear rationale, objectives, 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

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

250 words

Does your initiative involve consumer engagement? - Dropdown menu

Yes- if you select Yes, a new text box will open for you to comment on it.

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? - Dropdwon menu

Yes - if you select Yes, a new text box will open for you to provide further details about the equipment/medical device

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.

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

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

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

Funds are capped at \$50,000. This should be the sum of the cost of the items you answered on the above question.

Collaboration

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

Yes - If you select yes, you'll be ask to confirm you've discussed this submission with collaborators prior to provide their details

No

Title

First name

Last name

Email

Position

Involvement

100 words

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

Supporting material

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.

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.

Endorsements

- The endorsement proecess 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

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

Yes - once you've confirmed you've discussed this application with your BM, you'll be able to provide contact details of your BM, SLD and ED.

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

Service Line Director

Executive Director

P 1300 363 786 **E** info@rbwhfoundation.com.au
PO Box 94, Royal Brisbane Hospital, Queensland, 4029

rbwhfoundation.com.au

