

Sample form, not for offline completion.

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



RBWH Foundation

Advancing patient care and life-saving research

RBWHF Round 4 - PATIENT CARE

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

Project title

To confirm eligibility and 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, a Metro North Health Institute, or the Metro North Health Office of Chief Executive 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 an appointment at RBWH, STARS, or Metro North Institute* or the Metro North Office of Chief Executive at the Herston Health Precinct?

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

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

Title

First Name

Last Name

Position/Role

Department and Service Line

Primary organisation

Email address

Phone

Mobile (optional)

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

	▼
No	
Yes, Aboriginal	
Yes, Torres Strait Islander	
Yes, both Aboriginal and Torres Strait Islander	

Initiative title

10 words

Keywords (3-5 words, separated by commas)

Is this a new or existing initiative?

	▼
New	
Existing	

If you select 'Existing' in the above question, another open box will open for you to provide further information.

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

Include outcome measures and indicate evaluation mechanisms e.g. surveys, feedback, initiative deployment that will be used to measure the success of your initiative, e.g. enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication, staff and other resource alleviated, etc.

Please, specify the number of people that will be positively impact 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 ultimately, to the staff (clinical and admin). Use this table to indicate the approximate number of people that will be positively impacted by your initiative within each group.

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?

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.

If you reply yes to the Consumer engagement question, you'll be requested to provide information about it.

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

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

If you reply 'yes' to the equipment purchase question, you'll be requested to provide details about it

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	Cosr
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 through this application?

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

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 (i.e., 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 RBWH and/or STARS departments or with other team members, including from other national or international institutions?

▼
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.

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 application 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 or STARS (please do not nominate an academic affiliated cost centre).

Business Manager

Once you confirm you have discussed the application with your Business Manager, you'll be able to input your BM and SLD full name, email address and phone number

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

Yes

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

P 1300 363 786 **E** info@rbwhfoundation.com.au

PO Box 94, Royal Brisbane Hospital, Queensland, 4029

rbwhfoundation.com.au

