

# GCHHS Support Application

## Form Preview

### GCHHS Support Application

\* indicates a required field

#### Applicant \*

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

#### Applicant Position \*

#### Applicant Primary Phone Number \*

Must be an Australian phone number.

#### Applicant Primary Email \*

Must be an email address.

#### Applicant Department \*

### Program Details

#### Program Title \*

#### How did you identify the need for this item / program? \*

#### How many staff will be involved in the program? \*

Must be a number.

#### How many patients will be involved with the program? \*

Must be a number.

If only staff are involved enter 0

# GCHHS Support Application

## Form Preview

**What is the expected outcome/impact across the Hospital or Community from the program/event? \***

**Frequency for funding request \***

- Annual Event / Program
- One off application
- Possible further requests this Financial Year

If Annual Event / Program a new application will be required for the next Financial Year

**If possible further requests please state estimated amounts and frequency \***

Example: Item to be replaced / upgraded in 6 months due to regular use. Same quantity as this application and same cost

**Estimated Date of Event / Program for this funding (DD/MM/YYYY)**

Budget

**Expenditure**

**\$**

	\$
	\$

Budget Totals

**Total Amount Requested \***

\$

This number/amount is calculated.

Attach 3 quotes for programs over \$3,000 (min 2 quotes for all other amounts)

**First Quote \***

Attach a file:

**Second Quote \***

Attach a file:

**Third Quote**

Attach a file:

# GCHHS Support Application

## Form Preview

### Authorisation

Upload declaration form. Click [here](#) to download the declaration form to be signed by both the applicant and Department Director.

#### **Upload once authorised \***

Attach a file:

Authorisation form to be signed: