

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"/>
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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

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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:

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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: