



# GCH Foundation Approval Form

<b>PART A</b>	Application Number	
	Application Description	

<b>PART B</b> Applicant Declaration	<ul style="list-style-type: none"><li><i>I have read and understood the terms and conditions for the proposed application and agree to abide by those terms and conditions.</i></li><li><i>I agree to provide a case study report to the Gold Coast Hospital Foundation involving a local patient within 60 days of receiving the equipment/project, if requested.</i></li></ul>	
	Name of applicant	
	Position Title	
	Department and Location	
	Contact number	
	Amount requested	
	Signature	
	Date	

<b>PART C</b> Endorsement (Department Director)	<ul style="list-style-type: none"><li><i>I support the application, acknowledge any ongoing costs for the department and confirm it will enhance service delivery and improve patient outcomes.</i></li></ul>	
	Name of Department Director	
	Position Title	
	Department and Location	
	Signature	
	Date	

<b>PART D</b> APPROVAL (GCH foundation)	<ul style="list-style-type: none"><li><i>Gold Coast Hospital Foundation approves the funding for this application.</i></li></ul>	
	Name of Finance Manager	
	Signature	
	Date	
	CEO/COO Name	
	Signature	
	Date	