



GCH Foundation Approval Form

PART A	Application Number	
	Application Description	

PART B Applicant Declaration	<ul style="list-style-type: none"><i>I have read and understood the terms and conditions for the proposed application and agree to abide by those terms and conditions.</i><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>	
	Name of applicant	
	Position Title	
	Department and Location	
	Contact number	
	Cost Centre	
	Signature	
	Date	

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