



## APPLICATION FORM

The Toowoomba Hospital Foundation provides funding for the provision of equipment, staff education, training and professional development, health and medical research and scholarships.

When completing this Application please refer to the Guidelines for *Provision of Equipment, Facilities Enhancement & Supplies*.

### Applicant Contact Details

Name:	
Position or Grade/Level:	
Workplace:	
Address:	
Phone:	
Fax:	
Email:	

### Application Details

Area of health service that will benefit from this funding:
Description including Cost (please attach additional page if required):

Benefits: (attach supporting documentation; eg quotations)

Identify any related additional recurrent or maintenance costs:

Indicate if you have received or applied for any other funding to assist with this purchase.

If Yes, please specify:

Yes  
 No

Have you received funding, from the Toowoomba Hospital Foundation, for this project previously.

If Yes, please provide feedback on the project (1 page brief attached to the application)

Yes  
 No

Appropriate documentation as per processes on QHEPS

(Minor Items valued between \$1,000 - \$5,000, Assets valued greater than \$5,000 or Information Technology related greater than \$500)

(Link <http://gheps.health.qld.gov.au/darlingdowns/html/clinical-business/finance-forms.htm> )

Please attach appropriate forms, once they have been completed and signed off.

**Applicant Declaration**

I have read and understood the Guidelines for *Equipment, Facilities Enhancement & Supplies* and agree to abide by those conditions.

Name: ..... Signature: ..... Date: .....

**Approval**

Prior to submission to the Toowoomba Hospital Foundation, this Application Form and supporting documentation must be forwarded to the Relevant Member of Darling Downs Hospital & Health Service Executive or relevant Hospital Service Manager and/or Finance Director for consideration (if applicable). <http://qhps.health.qld.gov.au/darlingdowns/html/our-service/executives.htm>

**(Refer Lodgement Deadline & Required Endorsements in Guidelines)**

Relevant Member of Darling Downs Hospital & Health Service Executive or relevant Hospital Service Manager.	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed	Signed:	Date:
Finance Director (if applicable)	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Signed:	Date:

**Submission Contact Details**

Toowoomba Hospital Foundation Office  
41 Joyce Street  
TOOWOOMBA QLD 4350  
Fax: (07) 4616 6177  
Tel: (07) 4616 6166  
Email: [THF@health.qld.gov.au](mailto:THF@health.qld.gov.au)  
Website: [www.toowoombahospitalfoundation.org.au](http://www.toowoombahospitalfoundation.org.au)

**Office Use Only: Toowoomba Hospital Foundation Office Staff**

Date received:	Signature:
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