

PCHF - Expression of Interest

Form Preview

Applicant Details

* indicates a required field

Declaration

☐ I declare that I have read the EOI instruction page and my proposal meets the PCHF Grant Application Eligibility Criteria.

About You

Applicant *

Title	First Name	Last Name

CAHS Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

CAHS Department:

Position

Are there any co-applicants on this application? *

☐ Yes ☐ No

Co-Applicants

Provide details of at least one co-applicant (you may add up to a maximum of 5).

Name

Institution (if not CAHS Employee)

Have you previously received a PCHF Grant as a primary applicant? *

☐ Yes ☐ No

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About your project

* indicates a required field

Funding Category

Which PCHF Funding Category does your project fall under? *

- ☐ Medical Research
- ☐ Expertise and Knowledge Translation
- ☐ Positive Patient Experiences
- ☐ Advanced Equipment and Technology

Select all that apply.

Your Project

Project Title *

Word count:

Must be no more than 25 words.

What is the problem or gap that this project aims to address? *

Word count:

Must be no more than 200 words.

What is the solution this project aims to provide? *

Word count:

Must be no more than 200 words.

Describe how this solution could be scaled or applied to similar problems elsewhere: *

Word count:

Must be no more than 50 words.

Why does this solution matter now? *

Word count:

Must be no more than 100 words.

Why are you and/or your team best placed to deliver this solution? *

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Word count:

Must be no more than 100 words.

Estimated duration of the project (in months): *

Must be a number.

Who are the main beneficiaries of this project? *

- | | |
|--|---|
| ☐ Patients | ☐ Regional Communities |
| ☐ Families or Caregivers of Children/Patients | ☐ Culturally and Linguistically Diverse (CALD) Communities |
| ☐ CAHS Staff | ☐ Aboriginal and/or Torres Strait Islander Communities |
| ☐ Metropolitan Communities | ☐ Other |

Select all that apply.

If selecting 'other' above, provide more context here:

If known, provide an estimated number of direct beneficiaries of this project

Must be a number.

Would this project be delivered in or directly involve Regional Communities in WA? *

- ☐ Yes ☐ No

Regional Community involvement

Which Regional area(s) in WA will this project be delivered to or directly involve?

- | | |
|---|-------------------------------------|
| ☐ Gascoyne | ☐ Peel |
| ☐ Goldfields-Esperance | ☐ Pilbara |
| ☐ Great Southern | ☐ South-West |
| ☐ Kimberley | ☐ Wheatbelt |
| ☐ Mid-West | |

Select all that apply.

Funding & Impact

* indicates a required field

Funding Level

What level of funding do you require from PCHF for this project? *

- ☐ Below \$50,000
☐ Between \$50,000 to \$250,000
☐ Between \$250,000 to \$750,000

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☐ Above \$750,000

If known, what is the estimated TOTAL budget of the project? *

Must be a number.

If known, what are the key budget inclusions and estimated cost for each?

Word count:

Must be no more than 50 words.

Have you secured external funding from any other sources? *

☐ Yes

☐ No

Other Funding Sources

Please provide details:

Word count:

Must be no more than 50 words.

Impact

What changes for your beneficiaries if this project succeeds? (That is, the lasting difference for children and families) *

Word count:

Must be no more than 100 words.

List 3 to 5 key outputs: (That is, tangible things your project will deliver e.g. research data, equipment, training, services, etc) *

Word count:

Must be no more than 50 words.

List 1 to 3 likely outcomes: (That is, what changes as a result of your work and outputs (e.g. new treatment approaches, shorter wait times, improved patient experience, etc) *

Word count:

Must be no more than 50 words.

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Is there any additional information you would like PCHF to know?

Word count:

Must be no more than 100 words.