Overview

* indicates a required field

Our Purpose

Perth Children's Hospital Foundation Ltd. (PCHF) is the official and largest funder of the Perth Children's Hospital and the wider Child and Adolescent Health Service after government. Our purpose is to fuel the fight on the frontline to help children get well and stay well.

Primary Focus

The primary focus of the Foundation is to promote the control and/or prevention of disease in children. The Foundation's fundraising efforts complements, rather than substitutes, the funding provided to the hospital and broader health service by Government. The Foundation funds:

- Ground-breaking research
- The most advanced equipment and technology
- The expertise of highly trained clinicians from Australia and around the world
- Innovative education and training programs
- Positive patient experiences

PCHF Stan Perron Charitable Foundation (SPCF) Early Career Research (ECR) Award 2024 Grant Application Guidelines

Before applying for the PCHF Stan Perron Charitable Foundation (SPCF) ECR Award, applicants should familiarise themselves with the application guidelines, process and eligibility criteria as outlined here.

Definition of an Early Career Researcher (ECR)

Are you an ECR? We define ECRs as researchers within the CAHS system, who are either:

- Health professionals who have had their postgraduate research qualifications (defined as either a Masters by research, or a PhD) for less than five years full time or equivalent

Or

- Health professionals who do not have postgraduate research qualification and have not led a research project of their own, however have research experience such as undertaken research as part of a team, as co-investigator. In such cases this experience should be less than five years full time or equivalent.

For any queries regarding the PCHF Stan Perron Charitable Foundation (SPCF) ECR grant application Guidelines, Process, eligibility or filling out this application form, please contact us on (08) 6456 8350 during business hours or email grants@pchf.org.au.

Please confirm that you have read the PCHF Stan Perron Charitable Foundation (SPCF) Early Career Research (ECR) Award 2024 PCHF Grant Application Guidelines. *
○ Yes, I have read the guidelines.

Perth Children's Hospital Foundation Objectives

Projects that aim to transform the future of child health, address critical areas of unmet need and promote the control or prevention of disease in children are encouraged to apply. Whilst it is expected that some projects funded by the Foundation will relate to the treatment or care of children suffering injury, or the improvement in the general health and well-being of children and adolescents throughout Western Australia, these will be in the minority.

For this funding award the Perth Children's Hospital Foundation and the Stan Perron Charitable Foundation joint strategic aim is to support, via philanthropy, translational research focused on paediatric research focused on paediatric outcomes that positively impact and improve the health and well-being of West Australian children.

We recommend considering how your research aligns with both the Perth Children's Hospital Foundation objectives as listed below and the Stan Perron Charitable Foundation's vison and values as outlined in the Perron Way Statement.

Please indicate which PCHF objective(s) your project will set out to accomplish. *
☐   Provide school children with information and education on the health promotion and the prevention or control of disease in children.
☐   Provide information on the prevention or the control of disease in children to health care professionals, children suffering with a disease and the families, carers of children suffering with a disease and the general public.
☐   Promote and assist organisations and facilities which care for, treat and rehabilitate children suffering with a disease.
☐   Provide relief and assistance to children suffering from a disease, including the provision of relief and assistance to their families and carers.
☐   Promote, fund and assist organisations and individuals to undertake research or study aimed at detecting, diagnosing, preventing, treating or controlling diseases in children and, where practical to do so, to elevate and disseminate such study or research.
☐   Promote community awareness of and community participation in issues and activities relating to the prevention or control of disease in children.
☐   Please tick this box if your project relates to paediatric health conditions, injuries, or health burden but not diseases, as well as the above objective that most closely relates to your project.
Please tick all that apply.

Eligibility Criteria

Please answer the below eligibility questions. Note "core business" relates to equipment procurement, projects, and clinical positions that are essential to day-to-day operations and are core to the delivery of paediatric health services throughout Western Australia and/or are seen by PCHF to be the responsibility of the government to fund.

Please find the PCHF Stan Perron Charitable Foundation (SPCF) Early Career Research (ECR) Award 2024 Grant Application Guidelines for further information. If you are uncertain if your project meets PCHF's eligibility criteria, please email grants@pchf.org.au.

1. Has the project received all relevant CAHS approvals prior to submission? *
○ Yes   ○ No
E.g. Finance, Medical Technology and Management Unit (MTMU), Product Evaluation Standardisation Committee (PESC)etc.

2. Is the project/program being led by someone other than a PCH or CAHS employee? *
○ Yes   ○ No

3. Will the project or program be delivered outside PCH or CAHS-approved sites? *

○ Yes   ○ No

4. Is the request for funds to replace, repair, or upgrade core equipment? *

○ Yes   ○ No

5. Is the project or program considered core to the day-to-day operations of the PCH or CAHS? *

○ Yes   ○ No

6. Does the application fund core clinical positions? *

○ Yes   ○ No

7. Does the project or program fund personal academic studies? *

○ Yes   ○ No

8. Has this project been funded by CAHS or the government previously? *

○ Yes   ○ No

If you have not yet obtained all relevant CAHS approvals, which approvals are still outstanding and when do you expect to receive those?

If yes, please explain what was funded previously and why CAHS or the government is not able to fund this project. We strongly recommend contacting us to discuss this point, prior to continuing your application.

Projects which have selected Yes to any items from 2 to 7 above are not eligible for funding from PCHF.

Please review the PCHF Stan Perron Charitable Foundation (SPCF) Early Career Research (ECR) Award 2024 Grant Application Guidelines and eligibility criteria available on our website.

You are welcome to contact the PCHF Grants team at grants@pchf.org.au or 6456 5550 to further discuss your project's eligibility for PCHF funding if required.

PCHF Application Process

1. Applications will be assessed according to the PCHF Application Process. More details here: Grants Toolkit
2. All PCHF Research and Expertise applications will be assessed by our Scientific Advisory Committee, then our Grants Sub Committee and Board (for applications over $20,000). You will receive application status notifications at each stage.
3. Perth Children's Hospital Foundation staff primarily come from non-medical backgrounds. Please bear this in mind when providing your responses to the questions that follow.

Applicant Details

*indicates a required field

Primary Applicant *

Title   First Name   Last Name

Primary Applicant's Position *

Primary Applicant Department *

Primary Applicant HE Number *

Contact Phone Number (business hours) *

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

Phone Number (other)

Must be an Australian phone number.

CAHS Health Email *

Primary Email

If different than above.

Are you applying as a New Investigator? *

○ Yes   ○ No

Defined as health professionals who do not have postgraduate research qualification and have not led a research project of their own, however have research experience such as undertaken research as part of a team, as co-investigator.

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Have you had a career disruption in the past five years?

○ Yes
○ No

Please see the PCHF Applicant Guidelines for definition of a career disruption

If yes, please provide brief explanation

Primary Applicant Previous Funding

Have you previously received funding from PCHF? *

○ Yes   ○ No

What is the Grant ID Number and Title of your most recent application? *

E.g. Grant 2424-10000: Grant Title.

What is the status of your most recent grant funded by PCHF? *

○ Awarded, not yet commenced   ○ Funded, active   ○ Completed, acquitted   ○ Other:

Co-Applicants

Do you have co-applicants? *

○ Yes   ○ No

How many co-applicants will be working on the project with you?

Maximum of 15 per application form

Co-Applicant 1

Co-Applicant

Title   First Name   Last Name

If applicable

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 2

Co-Applicant

Title | First Name | Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 3

Co-Applicant

Title | First Name | Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 4

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 5

Co-Applicant 5

Title	First Name	Last Name

Co-Applicant 5 Position

What is your role in this project?

Co-Applicant 5 Primary Email

Must be an email address.

Co-Applicant 5 Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 6

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 7

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 8

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 9

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 10

Co-Applicant

Title | First Name | Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 11

Co-Applicant

Title | First Name | Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 12

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 13

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 14

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Co-Applicant 15

Co-Applicant

Title	First Name	Last Name

Co-Applicant Position

What is your role in this project?

Co-Applicant Primary Email

Must be an email address.

Co-Applicant Institution

Field of Research (Speciality) *

Please upload your Biosketch

Attach a file:

Please upload your 2-page CV summarising your research experience, relative to opportunity. Please see the PCHF Applicant Guidelines for details.

Project Collaborators

Please identify project collaborators who are external to CAHS and will support the delivery of the planned project outcomes.

Name of person or organisation	Role in project

Project Overview

* indicates a required field

Project Title *

What type of grant are you applying for? *

Select the type that is most applicable to your project.

Which CAHS Department(s) and/or ward(s) is your project associated with?

Will the primary applicant be responsible for delivering the project, or will another CAHS staff member be the project lead? *

Word count:
Must be no more than 100 words.
If the person responsible for the project is not the primary applicant, please describe how the project delivery and outcomes will be assured.

How many months do you expect this project will take to complete? See hints below for more information. *

Must be a number.

Please take into consideration time taken to complete recruitment, obtaining and reporting on all final results, submission of all grant claims etc. Please also consider the time it will take to receive ethics approval, recruit subjects for studies, recruit for positions, recoup expenses, etc. as related to your project.

Are there any specific time constraints associated with this project? See hints below for more information. *

E.g. Project must start or end by a specified date. Please see the link to the "PCHF Grant Application Process and Guidelines" at the start of this application for details on the Foundation's funding process following grant award.

If your application is approved, when do you expect to start your project following notification that funding has been secured for your grant? *

E.g. Project expected to start within two months of funding notification to allow for recruitment time. Please note approved grants are not able to start until funds have been secured by PCHF. Notifications will be provided when the grants are awarded and subsequently when they are funded.

Research Governance Details

Is ethics required for this project? *
○ Yes   ○ No
Please note, if ethics is required and this application is approved by PCHF, receipt of ethics will be required prior to funds being released.

If so, what is the ethics approval Status?
○ Not Submitted   ○ Pending   ○ Approved

If applicable, what date was ethics approval received?

Must be a date.

If you have received ethics approval, please provide HREC number.

Please advise the ethics approval number.

Please upload any ethics approval letters here:
Attach a file:

Is governance approval required for this project?
○ Yes   ○ No

If so, what is the Governance Approval Status?
○ Not submitted   ○ Pending   ○ Approved

If applicable, what date was governance approval received?

Must be a date.

If you have received governance approval, please provide the reference number.

Please upload any governance approval letters here:
Attach a file:

Administering Institution. Select from drop-down list. *

Administering Institution Contact Officer

Title	First Name	Last Name

Contact at administering institution.

Position of Administering Institution Contact Officer

Administering Institution Contact Officer Email

Must be an email address.

If your research project will be administered by a non-CAHS entity, please upload a letter from CAHS authorising the project to be administered by the non-CAHS institution.
Attach a file:

If your research project will be administered by a non-CAHS entity, please upload a letter from the administering institution confirming their willingness to accept and administer the project.
Attach a file:

Was biostatistics advice used for this application? *
○ Yes   ○ No
If yes, please respond to the below biostatistics questions.

Biostatistician *

Title	First Name	Last Name

Biostatistician Institution *

Please attach a signed letter from Biostatistician confirming acknowledgement of advice provided in this application.

Attach a file:

Consumer and Community Involvement

Have you sought advice from consumers/community members and/or other relevant stakeholders in the development of your project? *

○ Yes   ○ No

Please tell us what you have done in relation to consumer, community, and/or other stakeholder involvement. *

Please tell us why consumer, community, and/or other stakeholder involvement has not been incorporated into the project at the time of the application. *

Do you intend to involve consumers and community members and/or other relevant stakeholders in your project once it begins? *

○ Yes   ○ No

Please tell us about your plans to involve consumers, community members, and/or other relevant stakeholders in your project. *

Please tell us why you will not be involving consumers, community members, and/or other relevant stakeholders in your project? *

Project Description

* indicates a required field

Project Summary

Please provide a lay summary of no more than 500 words of your project.

This information will be viewed by the PCHF Board and will be used when engaging with donors and should be understandable to the general public.

You should include details of:

- The compelling need / problem being addressed.
- The main aim/s and approach of your project.
- How your proposed project is innovative.
- The impact and outcomes that your project would achieve if funded and successful.

Any references and any other supporting documents referred to in this section must be uploaded in the 'References and Supporting Documents' section below.

Project Description *

Word count:
Must be no more than 500 words.

The Compelling Need/Problem

- What evidence is there that this study is needed to transform paediatric health in WA?
- How does your research fit in the wider national / international research landscape? Is this study an Australian or world first?
- How is your proposed project innovative?
- Please include the number of children/patients currently affected and the types of disease, illness, injury or conditions they face.
- Please state why the project cannot be funded by the government?

Why does this work need to be done? *

Word count:
Must be no more than 500 words.
Describe the specific issue or need you want to address.

The Solution/Proposed Project

- Briefly describe the main aims of your project and how it will address the identified paediatric health issue(s).
- Please ensure that you have outlined your hypothesis, the research question(s), participant population, methodology and data analyses.
- Justify the proposed intervention including details of how your proposed intervention will be implemented.
- Consideration should be given to how the project satisfies PCHF's primary focus to promote the control and/or prevention of disease in children, as applicable to your project.

The Solution / Proposed Change *

Word count:
Must be no more than 2000 words.

The Expected Outcomes of your Project

- In lay terms please outline who will benefit from your project and in which respects they will benefit.
- The expected outcomes should be linked to the proposed solution.

What are the expected outcomes of the project?

Word count:
Must be no more than 200 words.
For your reference, the World Health Organization defines an outcome measure as a "change in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions." https://www.healthcatalyst.com/insights/top-7-healthcare-outcome-measures

The Expected Impact of your Project

- Please describe the paediatric healthcare impact you anticipate the project will achieve in terms of positive differences for the child, adolescent, department, clinical practice at CAHS and/or paediatrics in general.
- For example: Improved health outcomes for children with the targeted condition, which will enable them to participate in daily life without medical restrictions.

What do you expect the paediatric healthcare impact will be for your targeted population?

Word count:
Must be no more than 200 words.
The Australian Research Council defines research impact to be the contribution that research makes to the economy, society, environment or culture, beyond the contribution to academic research. https://www.arc.gov.au/about-arc/strategies/research-impact-principles-and-framework

References and Supporting Documents

Please upload all references and supporting documents used within your application.

Brief document description	Document upload
Preferably, please list and attach documents in the order in which they appear in the Project Description above	

Demonstrated Capacity to Undertake Project

Summarise how the Primary Applicant, co-applicants and collaborators will work together as a team to achieve the stated outcomes of the proposed project.

Include details of how access to any required resources or infrastructure will be managed.

If access to clinical spaces, resources or patient populations are required summarise your requirements and include a letter of support from the appropriate delegated authority.

How will you ensure your project is accomplished within your proposed time frame and format? *

Word count:
Must be no more than 500 words.

Letter of support from Delegated Authority
Attach a file:

Milestones and Activities

- List the core activities and anticipated time required to achieve your project outcomes.
- Please add one activity per row and add more rows if needed.
- Please consider required approvals, data collection, analysis, staff and participant recruitment, report preparation, equipment installation/training etc.
- All milestones should be included within the requested project period.
- Please specify if anticipated time is listed as months or years, and if it will be a recurring milestone (e.g. every three months from commencement).

Milestone	Anticipated time from project commencement	Location	Explanatory notes
		Where will this activity take place? You can choose more than one option if appropriate.	Add notes if needed.
		❑ PCH ❑ KEMH ❑ CAHS Community Health clinics ❑ Other external locations ❑ Fully or partly online ❑ Other:	

		❏ PCH	
		❏ KEMH	
		❏ CAHS Community Health clinics	
		❏ Other external locations	
		❏ Fully or partly online	
		❏ Other:	

Risks and Risk Mitigation

Please detail any risks associated with your project and your risk mitigation strategies to ensure the project is delivered within the proposed structure and time frame. *

Word count:
Must be no more than 500 words.

Impact Evaluation and Outcomes

PCHF Impact Evaluation Framework

PCHF has developed an **Impact Evaluation Framework** to assist with tracking and measuring the outcome and impact of our grants program.

The **Impact Evaluation Framework** will help you define and communicate the outcomes you expect to achieve, and the measures you will use to track how your project is progressing.

It will also compare your chosen outcomes and measures to PCHF's outcomes and measures to consider how well they are aligned.

If you have any questions, please contact us on (08) 6456 5550 during business hours, email grants@pchf.org.au., access our Grants Toolkit Grants Toolkit or the **PCHF Impact Evaluation Framework**.

Question 1. Your Outcomes and their Alignment with PCHF Outcomes

Please tell us about the main specific outcomes you expect to result from your project.

Outcomes are defined as the changes you expect to occur for the beneficiaries (direct, indirect, and indirect and/or intermediaries) of your project.

STEP 1. Please briefly describe your expected outcomes referring to your response in the earlier question "Expected Outcomes of your Project'. Use one box for each individual outcome. We recommend including at least two and no more than four outcomes for your project.

STEP 2. Please select one PCHF outcome corresponding to each of your own outcomes from the drop-down boxes. If multiple apply please pick the most relevant. For full list see the PCHF Impact Evaluation Framework.

STEP 3. Select a timeframe for achieving your expected outcomes. For this purpose, we define short-term as within 6 months of project start, medium term as within the term of the project and long term for outcomes being achieved after the project has concluded.

STEP 4. Briefly explain how your intended outcomes align with ours.

Your outcomes	Alignment with our outcomes	Timeframe	How does your intended outcome link to our outcomes?
What changes do you expect will occur as a result of your project (e.g. Earlier discharge)? One per row. Must be no more than 25 words.	Which of our outcomes will your project contribute to? No more than 1 choice may be selected.	When do you expect this outcome to emerge?	Please explain how your intended outcome helps contribute to ours. Must be no more than 25 words.

Question 2. PCHF Measures to Track your Progress Towards Outcomes

Tell us which of the PCHF quantitative measures you will be able to report on.

Our measures are closely linked to our outcomes. Therefore, you will find that only the measures related to the PCHF outcomes you selected in question 1. above are available in the drop-down list in this table.

Please select one measure per row. If you plan to use more than one for any of our chosen outcomes, you can just add the additional measure(s) to a new row.

If you plan to track and report on any measure which are not included in this table, then you will be able to list them in the section below (question 3).

Please refer to the PCHF Impact Evaluation Framework for a full list of outcomes and their measures.

Measure	Target	Collection method	Explanatory notes
Which of our measures will you track? You may be required to report on your progress. Add more rows if you want to list additional measures. No more than 1 choice may be selected.	Identify a target for your chosen measure - an estimated total for your project. Must be a number.	How will you collect and verify the data? E.g. survey, administrative data. REDCAP, government or public dataset etc.	Optional

Question 3. Additional Measures and Output

Are there any other measures or outputs you will be tracking which you have not already listed?

If yes, then please add them to the table below.

Measure / Output	Target	Collection Method	Explanatory notes
Which other measures will you track? You may be required to report on your progress. Add more rows if you want to list additional measures.Note, one per row.	Identify a target for your chosen measure - an estimated total for your project. Must be a number.	Please tell us what evidence or means you will use to collect this data.	Optional.

Qualitative Evidence

We recognise that each project is unique and that the outcome and impact is more than facts and figures.

In this section you can choose the qualitative evidence you would expect to gather during or at the end of your project. Examples of qualitative data sources include interviews, testimonials, focus group transcripts/summaries, social media posts, media appearances/ mentions, and artistic or multimedia depictions such as photographs, videos and audio/ podcasts.

Qualitative evidence	Explanatory notes
Select the type of qualitative evidence you will use to help track your progress. One per row. Add more rows if you want to list additional types of qualitative evidence.	Add notes if you need to provide more context.

Case Stories and Acknowledgement

* indicates a required field

Quotable Comments

- *Provide a short comment on the community need and/or proposed outcomes/benefits of the project from the relevant Executive Director, Delegated Authority, Project Lead, beneficiaries, and/or other approved spokesperson that can be used in proposals to potential donors and/or media releases and articles relating to the project.*
- *Note that the spokesperson/s may also be required to speak to media about the project should the grant application be successful.*

Please provide quotes below. *

Word count:
Must be no more than 200 words.

Please attach evidence of consent if a quote is provided from a patient/family and identifying information is included.
Attach a file:

Case Stories

Case stories are the most demonstrative evidence used by the Foundation to inform donors of the difference they can make.

You may not know of specific individual patients who will benefit from your projects at this stage. However, if you have identified patients who are expected to benefit and who are agreeable to being contacted by PCHF, then please provide their details in the section below.

You may not be able to provide case stories at this point. If this is the case, after your project has started, please endeavour to identify patients/families, who would be agreeable to share their stories with us and provide their details for us to contact them later.

Have you provided case stories below? *
○ Yes
○ No, I will provide them upon request from PCHF following project commencement
○ CAHS staff are the beneficiaries and can provide quotes upon request

Details of patient beneficiaries

- *The Foundation will contact the families you suggest in order to obtain case stories and photos that will be included in proposals to donors, used to publicise the work of the Foundation and assist in attracting future donors.*
- *If you would like to include additional case stories or testimonials from families or project participants, please upload them below.*
- *Please ensure a consent form signed by the legal guardian of the patient are provided with any patient details listed below. Please only include details of families who are agreeable to being contacted by the Foundation for further information if required.*

Name of patient #1
First Name   Last Name

Name of parent / carer for patient #1

First Name

Last Name

Phone Number for parent / carer for patient #1

Must be an Australian phone number.

Email for parent / carer for patient #1

Must be an email address.

Brief summary of patient's condition any how they would benefit from this initiative

Consent form for patient #1
Attach a file:

Name of patient #2

First Name

Last Name

Name of parent / carer for patient #2

First Name

Last Name

Phone Number for parent / carer for patient #2

Must be an Australian phone number.

Email for parent / carer for patient #2

Must be an email address.

Brief summary of patient's condition any how they would benefit from this initiative

Consent form for patient #2
Attach a file:

Additional case stories or testimonials

Attach a file:

Images and Videos

Images and videos can provide powerful evidence to illustrate the need to undertake your project and the impact it can make to children's healthcare in WA.

They are used to show potential donors what they may be able to help fund, which may decrease the time for an approved project to be funded.

Materials provided may also be used to promote PCHF on social media, websites, annual reports etc.

PCHF has an in-house media team and may be able to support with capturing high-res images or videos. Please contact PCHF to discuss if you have identified subjects and would like help creating high-res images or video. Please note this is subject to availability.

- *It is strongly recommended that you include at least one image or video relevant to your project to accompany your application e.g. photo of patient who would benefit from project, staff member(s) involved in project, etc.*
- *Please ensure permission from individuals featured or suppliers are captured as photos and videos may be shared with prospective donors and the public. Consent forms obtained should be uploaded below.*

Images, headshots and/or videos	File description	Consent form (if applicable)
Please ensure images are high resolution e.g. 600 dpi or greater in either jpeg or PDF format.		Please contact grants@pchf.org.au if you have any questions relating to consent forms.

Acknowledgement Opportunities

Please see list of potential opportunities for acknowledgement/engagement of PCHF and donors that may apply to your project. Please note that unless you tell us otherwise in the section below, we will assume that these are acceptable and suitable for your project

☐ In media articles   ☐ Supporter/s logo placement e.g. on equipment

☐ On websites   ☐ Naming rights e.g. title of fellowship, equipment, etc.

☐ In publications   ☐ Special project impact presentation to supporters

☐ On promotional materials   ☐ At donor events

☐ At presentations/conferences

Please tell us if any of the above opportunities are not suitable for your project and share any additional opportunities for acknowledgement/engagement of PCHF and donors related to your project.

Please ensure to include any media opportunities if relevant.

Acknowledgement of PCHF

Please see list of potential opportunities for acknowledgement/engagement of PCHF and donors that may apply to your project.

Please note that unless you tell us otherwise in the section below, we will assume that these are acceptable and suitable for your project.

- In media articles
- On websites
- In publications
- On promotional materials
- At presentations/conferences
- Support/s logo placement e.g. on equipment
- Naming rights e.g. title of Fellowship, equipment etc.
- Special project impact presentation to supporters
- At donor events

Please tell us if any of the above opportunities are not suitable for your project and share any additional opportunities for acknowledgement/engagement of PCHF and donors related to your project.

Budget

* indicates a required field

Project Budget

To review the PCHF Grant Application Process and Guidelines and what can/cannot be funded, please click [here](#).

For budget items related to staff salaries, please ensure you contact your Finance Business Officer (FBO) for your department to obtain the salary workings for the positions included in the budget. Include the person's name (if known), salary, on-costs, position, level, and time period. PCHF is will only accept salary recoups at internal on-cost rates.

Please contact the grants team on (08) 6456 5550 during business hours or email [grants@pchf.org.au.](mailto:grants@pchf.org.au) if you have any questions regarding your budget.

Description of budget items you are requesting PCHF to fund	Cost of budget item in AUD and ex-GST	Description of budget items to be funded by other funding sources	Cost of budget item in AUD and ex-GST

E.g. salaries, equipment, consumables, data analytics, on-costs rates etc.	Please ensure all items are listed as ex-GST.	E.g. gifts in kind, items to be funded by other funders	Please ensure all items are listed as ex-GST
	$		$
	$		$
	$		$
	$		$
	$		$

Total Amount of Funding Requested *

$

This number/amount is calculated.
This is the sum of the expense items listed in Column 2 in the above table.

Total Project Cost

$

This number/amount is calculated.
This is the total budgeted cost of your project based on the above table.

Please provide justification for your requested budget. Your justification should include the requested salaries, equipment and consumables (as relevant) required to ensure the success of the project.

Word count:
Must be no more than 200 words.

Were any formal quotes for budget items listed above provided in a foreign currency? *

○ Yes ○ No ○ N/A

If yes, which currency was used for the quote? Please ensure all figures provided in the budget table above are in AUD and ex-GST. *

Noting that the amount of funding requested at the time of the application will the maximum funding awarded if the application is approved, how have you accounted for exchange rate fluctuations and any relevant customs duties? *

Have you applied to other funding sources for this project? *

○ Yes ○ No

Other Confirmed Funding Sources	Amount of Funding Received
Please list names of other funding sources you have secured funding from for your project.	Must be a dollar amount.
	$
	$
	$

Total Confirmed Other Funding

$

This number/amount is calculated.

Other Unconfirmed Funding Sources	Amount of Funding Requested
Please list names of other unconfirmed funding sources e.g. other funding sources you have applied to for funding for your project.	Must be a dollar amount.
	$
	$
	$

Total Unconfirmed Other Funding

$

This number/amount is calculated.

Supporting Financial Documents

Please upload supporting financial information if required. Please note that quotes provided should be valid at the time of submission and for at least 30 days thereafter

Attach a file:

E.g. quotes from suppliers, other funding award documentation, etc.

Anticipated Claims Schedule

Please provide an anticipated claims schedule from the start date of the project. Your anticipated claims should align with your timeline for your planned activities.

Please note the Foundation's preference is for quarterly claims in arrears.

Considerations should be made regarding timing of project (e.g. staff/participant recruitment, ethics approval, invoice processing times, delivery of equipment etc.) to ensure that proposed schedule is as realistic as possible.

Applicants applying for equipment to be procured in one purchase should put Quarter 1 and the full value of the equipment; if equipment will be procured/purchased over a period of time, please fill out the table according to the anticipated claims schedule.

Time Frame	Total Anticipated Claim Amount
E.g. Quarter 1 or Year 1 of project	Must be a dollar amount.
	$
	$
	$
	$
	$

Claims Schedule Dependencies

Please provide commentary here if there are dependencies within your project that may impact your anticipated claims schedule. E.g. staff recruitment, production times, etc.

Additional Information

Comments

Are there any other pertinent/relevant comments or information you would like to make about your application?

Conditions and Approvals

* indicates a required field

Conditions

Please note the below conditions must be agreed to by the primary applicant if funding is awarded.

The primary applicant agrees to provide additional contact details of patients/ families or project participants who will benefit from the project so they can be approached for their story to be included in funding proposals to potential donors should those noted above not be suitable or available. *
○ I agree   ○ I do not agree

The primary applicant agrees to review drafts of written material to be used by the Foundation to promote fundraising for the project. *
○ I agree   ○ I do not agree

The primary applicant agrees to facilitate and host ward/department tours for donors. *
○ I agree   ○ I do not agree

The primary applicant agrees to attend and speak at thank you presentations with donors. *
○ I agree   ○ I do not agree

The primary applicant agrees to participate in media and other publicity activity around the project and/or provide other members of hospital/health service staff to participate in such activity. *

○ I agree   ○ I do not agree

The primary applicant agrees to acknowledge Perth Children's Hospital Foundation and the donor through placement of an equipment tag and/or Department wall plaque and/or logo on any printed material related to the project. *
○ I agree   ○ I do not agree

The primary applicant agrees to acknowledge the Foundation as the source of the funding in media articles and publications related to the project. *
○ I agree   ○ I do not agree

I agree that all claims submitted to PCHF will be authorised by myself as the primary applicant.
○ I agree   ○ I do not agree

The primary applicant agrees to provide a report outlining outcomes of the project as directed by the award letter if this application is successful. *
○ I agree   ○ I do not agree

Confirmation

Please confirm the below:

I, the primary applicant, confirm I have read and understood the Funding Guidelines at the start of this application. *
○ Yes   ○ No

I, the primary applicant, confirm that my project falls within the funding guidelines. *
○ Yes   ○ No

I, the primary applicant, confirm that the project is not for the purpose of replacing core equipment used in the day-to-day operation of the Department/ Ward. *
○ Yes   ○ No

Key CAHS Contacts

Please list the key CAHS contacts below as relevant to your project.

Primary Applicant
Title   First Name   Last Name

Head of Department/Service Manager
Title   First Name   Last Name

Divisional Director/Co-Director

Title	First Name	Last Name

Executive Director

Title	First Name	Last Name

Chief Executive

Title	First Name	Last Name

IMPORTANT: Please ensure you application is complete prior to doing this step.

Please download the [PCHF - SPCF Early Career Research (ECR) Award 2024 Application Endorsement Form here,](#) collect relevant signatures and upload the completed form below. Prior to uploading, the form will need to be signed by the relevant Delegated Authority or Service Manager for all applications. For applications requesting funding for $150,000 or above, the form will also need to be signed by the CAHS Chief Executive.

Filling out the form:

You can download and print the form to complete it as a hardcopy, or you can open it with Adobe Reader DC, if you wish to complete it electronically. Just download and save the form, open it with Adobe Reader DC, select Fill & Sign on the right hand side to enter information, and once ready to sign, select the Sign option at the top of the pdf page.

*Please note, we accept both wet and electronic signatures on the Application Endorsement Form, however signatures must be an original, personal signature in both cases. As such, we do not accept typed names or "HE numbers" in lieu of a signature.

Please upload your signed Application Endorsement Form *
Attach a file:

The form is available to download via the link above. Note that you cannot submit your application without uploading a file here. If your application is pending endorsement, please upload a document stating the status of your endorsement and expected time frame. Please call the PCHF Grants team on 6456 5551 if you require any assistance.

Please upload any other relevant letters of support (optional)
Attach a file:

To strengthen your application, we encourage you to upload a letter of support from your delegated authority e.g.

By submitting this application and providing the attached Application Endorsement Form, the primary applicant confirms that they have the authority and all the necessary approvals from CAHS to undertake and deliver the proposed project if approved for funding by PCHF.

Thank You and Feedback

Thank you for considering us as the funding partner for your project.

We are proud to be the official and largest funder of the Perth Children's Hospital and CAHS after government and it is our privilege to support projects and initiatives which fuel the fight on the frontline to help children get well and stay well.

Our grant application process reflects the importance we place on selecting the most impactful project to support. We appreciate the time you have taken to complete an application and welcome any feedback you have on the application form or on the grant process.

Please provide any feedback here:

Must be no more than 250 words.