



Avant Foundation Expression of Interest 2019-2020

Section 1 - About you and your team

1. Title *

- Professor
- Associate Professor
- Doctor
- Mr
- Ms
- Other - Write In

2. Given name (s) *

3. Family name *

4. Are you an Avant member?

Yes

No

5. Avant member ID

6. Job title and organisation *

7. Mobile number *

8. Email *

9. What state are you located in? *

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA

10. Are you the leader for this project? *

- Yes
- No

11. Title of lead researcher *

- Professor
- Associate Professor
- Doctor
- Mr
- Ms
- Other - Write In

12. Given name of lead researcher *

13. Family name of lead researcher *

14. Job title of lead researcher *

15. Mobile number of lead researcher *

16. Email of lead researcher *

17. Please summarise your experience in leading projects focused on quality, safety or professionalism in healthcare *

18. Please outline the roles of your project team members

19. Please outline your team's experience in quality improvement initiatives *

20. Are you applying *

- On behalf of an organisation
- As an individual

Section 2 - About your organisation

21. Organisation Type

- Public Hospital
- Private Hospital
- Research Institute
- University
- Foundation
- Corporate Medical Organisation
- Private Practice
- Medical College or Society
- Other

22. Organisation name

23. Department (if applicable)

24. Organisation address

25. Does your organisation hold an endorsed Deductible Gift Recipient (DGR) item 1 status (supporting evidence may be requested during the evaluation process)

Yes

No

Section 3 - Your Project

26. What is your project title?

27. Please describe the problem that you are trying to solve. Please include why this is an issue that needs to be addressed *

28. Briefly describe the research or project you intend to undertake *

29. What are the expected outcomes and benefits of your project? *

30. Is this a new project or continuation of a previous project? *

- New
- Continuation

31. Please provide details of the original project including links to any published studies or articles

32. How much planning or activity have you done to date in preparation for this project?

- It is just an idea at this stage
- It is in concept phase
- Planning has commenced
- The project is ready to commence
- The project has started

33. Please outline what you've done to date on your project (e.g. planning, clinician or patient consultation, recruitment)

34. Do you intend to partner with another organisation for this project?

- Yes
- No

35. Provide details of the partner organisation including any links to their website or other relevant information

Section 4 - Alignment with the Foundation's objectives

36. To which of the 2020 Avant Foundation focus areas does your project relate (select the most appropriate)? *

- Initiatives that are focused on sustainable improvements in quality, safety or professionalism for the benefit of patients and the community
- Programs that foster a culture of safety, quality and professionalism
- Safety focused programs that aim to reduce adverse incidents and therefore medico-legal matters

37. To which domain of quality does your project relate (tick all that apply)

- Safety - Avoiding harm to patients from the care that is intended to help them
- Effectiveness - Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively)
- Patient-centredness - Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
- Timeliness - Reducing waits and sometimes harmful delays for both those who receive and those who give care
- Efficiency - Avoiding waste, including waste of equipment, supplies, ideas, and energy
- Equity - Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

38. How do you consider that your project will enhance quality, safety or professionalism in medicine?

39. Describe the impact your project will make on quality of care, health policy or for clinicians *

Section 5 - Funding

40. What is the value of the grant sought? *

Our target range for funding is between \$10,000 and \$100,000 per project

41. Please indicate an estimate of the percentage breakdown of your budget by category

<input type="text"/>	Personal salary supplementation
<input type="text"/>	Equipment purchase
<input type="text"/>	Funding research team or assistant
<input type="text"/>	Data analysis
<input type="text"/>	Transcription
<input type="text"/>	Conference presentation
<input type="text"/>	Travel costs
<input type="text"/>	Other

0 out of 100% Total

42. Do you currently have any other sources of funding for this project? *

- Yes
- No

43. Please outline current sources of funding

	Funding agency	Value	Start date (DD/MM/YYYY)	End date (DD/MM/YYYY)
Funding Source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

44. Do you intend to apply for other sources of funding? *

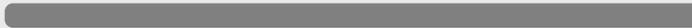
- Yes
- No

45. Please outline other sources of funding you intend to apply for

	Funding agency	Value	Start date (DD/MM/YYYY)	End date (DD/MM/YYYY)
Funding Source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

46. To what extent is the Avant Foundation funding required to commence or complete your project?

Project will be successfully completed without Avant Foundation funding



Cannot commence or complete without Avant Foundation funding

Section 6 - Timeline

47. What is your expected project commencement date? *



48. What is your expected project completion date?



Section 7 - Where did you hear about the Avant Foundation?

49. Where did you hear about the Avant Foundation? (select all that apply) *

- Email or letter from Avant Foundation
- Avant website or publications
- From a colleague
- Through my College or Association
- Through my place of work
- Through a research institution
- Online search
- Through medical media
- Social media
- Other - Write In

Declaration by Applicant

50. Name and signature of person signing on behalf of entity *

Clear

Sign name using mouse or touch pad

Signature of