



Avant Foundation EOI 2018-2019

Section 1 - About you and your team

1. Title *

Professor
Associate Professor
Doctor
Mr
Ms
Other - please specify

2. Given name (s) *

3. Family name *

4. Are you an Avant member?

☐ Yes

☐ No

5. Avant member ID

6. Job title *

7. Mobile number *

8. Email *

9. What state are you located in?

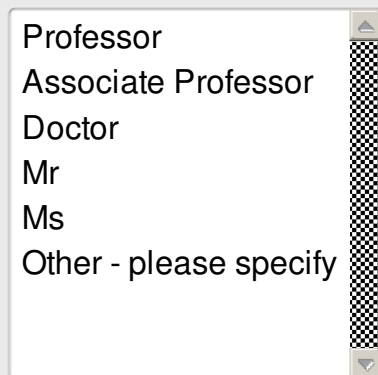
A vertical dropdown menu with a white background and a black and white checkered border. The menu is open, showing a list of Australian states and territories, and an 'Overseas' option. The list items are: ACT, NSW, NT, QLD, SA, TAS, VIC, WA, and Overseas. The 'Overseas' option is at the bottom and is highlighted with a light blue background. The menu has small upward and downward arrow buttons at the top and bottom right corners.

ACT
NSW
NT
QLD
SA
TAS
VIC
WA
Overseas

10. Are you the project lead for this project? *

- ☐ Yes
- ☐ No

11. Title of lead researcher *

A vertical dropdown menu with a white background and a black and white checkered border. The menu is open, showing a list of titles and an 'Other - please specify' option. The list items are: Professor, Associate Professor, Doctor, Mr, Ms, and Other - please specify. The 'Other - please specify' option is at the bottom and is highlighted with a light blue background. The menu has small upward and downward arrow buttons at the top and bottom right corners.

Professor
Associate Professor
Doctor
Mr
Ms
Other - please specify

12. Given name of lead researcher *

A simple rectangular text input field with a white background and a thin gray border.

13. Family name of lead researcher *

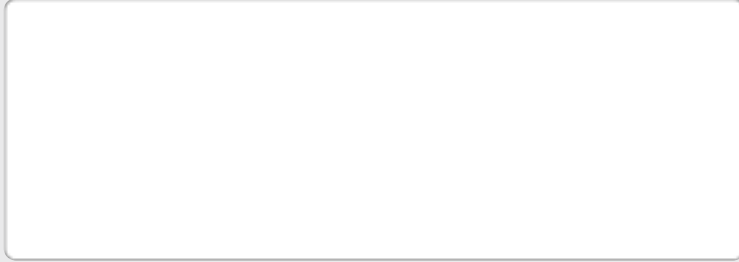
14. Job title of lead researcher *

15. Mobile number of lead researcher *

16. Email of lead researcher *

17. Please summarise your experience in leading projects such as this *

18. Please outline the roles of your project team members

A large, empty rectangular text box with a thin grey border, intended for the user to describe the roles of their project team members.

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

A large, empty rectangular text box with a thin grey border, intended for the user to describe their 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 proposal you intend to undertake to solve the problem you described *

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

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

Section 4 - Alignment with the Foundation's objectives

36. To which of the 2019 Avant Foundation focus areas does your project relate (select the most appropriate)? *

- ☐ Initiatives that develop and support leadership capability, especially those focused on quality improvement in medicine
- ☐ Academic research in the domains of quality that drive towards a reduction in medico-legal and clinical risk
- ☐ Quality improvement initiatives in the clinical setting
- ☐ Education initiatives focusing on quality, safety and professionalism
- ☐ Projects, research and education programs on professionalism in medicine

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

- ☐ Safety
- ☐ Effectiveness
- ☐ Patient-centredness
- ☐ Timeliness
- ☐ Efficiency
- ☐ Equity

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

39. Describe the type and level of difference your project will make to quality of care, health policy or for clinicians *

Section 5 - Funding

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

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

- ☐ Yes
- ☐ No

42. Please outline current sources of funding

	Funding agency	Value	Start date (DD/MM/YYYY)	End date (DD/MM/YYYY)
Funding Source	<div></div>	<div></div>	<div></div>	<div></div>
Funding Source	<div></div>	<div></div>	<div></div>	<div></div>
Funding Source	<div></div>	<div></div>	<div></div>	<div></div>

43. Do you propose to apply for other sources of funding? *

☐ Yes

☐ No

44. 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"/>

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

Project will
be
successful
ly
completed
without
Avant
Foundatio
n funding

Cannot
commenc
e or
complete
without
Avant
Foundatio
n funding

Section 6 - Timeline

46. What is your expected project commencement date? *



47. What is your expected project completion date?



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

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

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

Declaration by Applicant

49. Name and Signature of person signing on behalf of Entity *

Clear

Sign name using mouse or touch pad

Signature of

