

Application form

Round three MPWP4Q funding opportunity

Funding application details

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| Application closing date | 5.00pm on Monday 29 May 2023. Late applications will not be considered. |
| Application pack | Please read all information in the funding opportunity process guidelines before completing this application form. Applications will be assessed using the process outlined in the guidelines . |
| Application help | Please contact the Medical Advisory and Prevocational Accreditation Unit via email to MAPAU-MWP@health.qld.gov.au for all enquiries. |
| How to apply | Applicants are required to return their completed application form together with all required attachments as one PDF document via email to MAPAU-MWP@health.qld.gov.au by the closing date. |

Applicant details

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| Legal or registered name of lead organisation | |
| What is your eligible entity type? | |
| What geographical area does your application align to? | |
| What is your organisation's Australian Business Number (ABN)? | |
| Is your organisation registered for the purposes of GST? | Yes No |
| Does your organisation have an account with an Australian Financial Institution? | Yes No |

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| Is this a joint consortia application? | Yes No |
| Key contact information | |
| Name | |
| Position | |
| Phone number | |
| Email address | |

Project or activity details

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| Name of proposed project or activity | |
| Is the project or activity a new innovation or part of an existing project or activity? | New project/activity Support and/or embed an existing project/activity |
| Have you secured an alternate funding source for the proposed activity / project? If yes, please provide details and advise the outcome of those processes. | No Yes |

Selection criteria

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| Criteria 1: Strategic alignment | Please complete your responses in the template below. |
| Please select which MPWP4Q strategic priorities that your proposed project or activities best aligns to. * Press Ctrl to select multiple options | |

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| <p>Provide a detailed description of the proposed project/activities.</p> | |
| <p>How will the proposed project or activities contribute to delivering one or more of the MPWP4Q strategic priorities and objectives (without duplicating any current activities or causing disruption of existing activities).</p> | |
| <p>Criteria 2: capability and capacity</p> | <p>Please complete your responses in the template below. <i>Applicants must also complete Attachment 1 – Risk Management Plan.</i></p> |
| <p>Evidence of capability and capacity to manage and meet requirements to deliver the proposed activities / project.</p> | |
| <p>Evidence of governance structures and roles including responsibilities of key stakeholders involved.</p> | |
| <p>Evidence of executive support (e.g. board, chief executive or equivalent).</p> | |

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| <p>Demonstrable past experience including references (if applicable).</p> | |
| <p>Evidence of implementation methodology and business processes including timeframes for completion / delivery.</p> | |
| <p>If a consortia application, please provide the legal names of all consortium members and a brief description of each member's role in the delivery of the proposed activities / project.</p> <p><i>Please see guidelines for additional information to be provided as part of a consortia application.</i></p> | |
| <p>Criteria 3: Efficient and effective use of funding</p> | <p>Please complete your responses in the template below. <i>Applicants must also complete Attachment 2 – Budget plan.</i></p> |
| <p>Provide a description of how you will ensure the efficient and economical use of funding when delivering the proposed activities / project.</p> | |

Detail how the proposed activities / project will achieve high quality outcomes in a cost-effective way.

Please note: All essential supporting attachments and information must be provided in one PDF document.

Conflicts of interest

Please specify any perceived or actual conflicts of interest that may arise from submitting this application.

Declaration

Please read and complete the following declaration

Privacy, confidentiality, and protection of personal information

Personal information collected by the Department of Health is handled in accordance with the *Information Privacy Act 2009* (Qld). The Department of Health may collect contact details (such as names, telephone numbers and email addresses), professional information (such as medical qualifications and position/s of employment) and corporate financial information as part of an application for funding. This information will be used primarily to assess eligibility and merit for funding under the MPWP4Q. All personal, professional and corporate financial information will be securely stored and will only be accessible to relevant employees of the Clinical Planning and Service Strategy Division, Department of Health as well as members of the Funding Assessment Committee. Information will not be disclosed to other third parties without consent. For information about how the Department of Health protects personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

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| <p>Declaration</p> | <p>I state that the information in this application form is to the best of my knowledge true and correct. I understand that this is an application only and there is no guarantee of funding approval. I will notify the Department of Health of any changes to this information and any circumstances that may affect this application.</p> <p>I understand that if this application is successful, that funding will be subject to a formal application process and terms and conditions set out in agreement with the Department of Health.</p> |
| <p>Conflicts of interest</p> | <p>I declare that I have disclosed any conflicts of interest that may occur from submitting this application.</p> |
| <p>Name</p> | |
| <p>Position</p> | |
| <p>Signature</p> | |
| <p>Date</p> | |