

SALHN Biomedical Equipment Grant Round – Expression of Interest (EOI) Form

Applicant Information

First Name*

Last Name*

Title

Email*

Mobile Phone*

Organisation Name*

Position*

Department*

Division*

Application Date

Section 1: Project Design, Alignment and Impact

<i>Project Title:</i> <i>Project Commencement Date:</i>
<i>*Project Summary (150 words)</i> Provide a plain language summary of your equipment request. What is the equipment, who will benefit, and why is it important?
<i>*Clinical Need and Beneficiaries (250 words)</i> What problem or gap does this equipment address? Include volumes, acuity, current constraints, link to LAN priorities and/or equity focus.
<i>*Strategic Alignment (150 words)</i> Explain how your request aligns with SALHN's Strategic Plan and Flinders Foundation's Theory of Change.
<i>*Estimated number of patients impacted annually:</i>
<i>*Impact on Patient Outcomes (250 words)</i> How will the equipment improve diagnosis, treatment, safety, efficiency, or patient experience?
<i>*Evidence Base (250 words)</i> Summarise supporting data, guidelines, benchmarking, incidents, risks, consumer or staff feedback. Attach references if available.

Section 2: Equipment and Costing**Equipment Description*

Provide brief description of what the equipment will do.

Upload the user manual or product flyer provided by the supplier.

Add File...

Suppliers on the Biomedical Equipment Panel (BEP) must be used unless they cannot meet your requirements. A list of these suppliers is available via the BEP Supplier Selection tool: [Biomedical Equipment Panel Contract :: SA Health](#)

Can the equipment be sourced from a supplier from the BEP ?

--select an item-- Yes / No

If No: justification to be provided.

*Therapeutics Goods Administration Proof – upload the Australian Register of Therapeutics Goods (ARTG) certificate provided by the supplier.

**Equipment Specifications*

State the supplier, model, configuration, accessories, warranty and expected life span

Add File...

**Whole-of-life Costing detail*

Upfront once off costs for capital, installation

Ongoing annual costs for maintenance, calibration, consumables and clinical and technical training

Indicate the funding source for ongoing costs.

**What is the Whole of Life Total cost over the expected life span? (excl GST)*

\$

<i>*How much capital funding are you requesting from Flinders Foundation? (excl GST)</i> \$
<i>*I've attached quotes (following SA Health/SALHN guidelines):</i> --select an item-- Yes / No
Please attach quotes here (required) Add File...
Do you have any co-funding or in-kind support? (50 words) If yes, please provide details.

Section 3: Implementation and Integration

* (150 words) Are there any known site readiness, and facilities implications?
*Estimated delivery time
<i>*Implementation and Training Plan (150 words)</i> How will you implement, train staff, and complete credentialling and acceptance testing?
<i>*Workflow and Integration (150 words)</i> How will the equipment integrate into clinical workflows, EMR, and data governance? Include cybersecurity considerations for networked devices.

Section 4: Outcomes and Evaluation

<i>*Impact Plan (200 words)</i> Describe your expected outcomes, KPIs, data collection approach, baseline measures, and targets.
<i>*Innovation and Capability Building (150 words)</i> What new capability, throughput, or service innovation does this equipment enable? Can it be replicated across services?
<i>*Risks and Mitigation (100 words)</i> Identify potential risks to procurement, implementation, or use, and how you will manage them?

Section 5: Declarations and Endorsements

<i>*Do you have any potential conflicts of interest to declare? (50 words)</i> (e.g., financial interest, personal connection)
<i>*How will you acknowledge Flinders Foundation? (150 words)</i> (e.g., staff bulletins, posters, events, social media)
Optional Extra: Please attach anything else to support your application (photos, data, feedback, previous examples) Add File...
<i>*SALHN Endorsement</i> --select an item-- Yes / No
<i>*Endorsed by Clinical Director (Full Name, Position, Organisation)</i> On endorsement you understand and agree to the ongoing costs to be funded by the Division

Please upload signed Expression of Interest (EOI) Endorsement Form (available on the grant webpage) **Required*

Add File...

Declaration by Applicant

By submitting this form, I confirm all information is true and agree to the grant conditions, which include a progress update after 6 months and a final report within a year (or when the project finishes, if sooner).

Full Name and Signature

Date