# Pocket Centre Application Form

Please complete this application form with as much information as possible. If you need guidance on what information is required, or would like to discuss the application process further please contact us. Submit completed application form via email to [CSDS\_Pockets@health.qld.gov.au](mailto:CSDS_Pockets@health.qld.gov.au)

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| **Date of submission:** |  | | | |
| **Site / Department:** |  | | | |
| **Location / Address:** |  | | | |
| **Proposed Pocket Centre name:** |  | | | |
| **HHS / Organisation:** |  | | | |
| Key Contacts | | | | |
| **Primary contact name (applicant):** |  | | | |
| **Primary contact position:** |  | | **Phone:** |  |
| **Primary contact email:** |  | | | |
|  | | | | |
| **Secondary contact name:** |  | | | |
| **Secondary contact position:** |  | | **Phone:** |  |
| **Secondary contact email:** |  | | | |
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| **Department/Executive Endorsement**  *Please note you must discuss and receive approval prior to submitting* | | | | |
| **Department/Executive contact name:** |  | | | |
| **Department/Executive contact position:** |  | | **Phone:** |  |
| **Department/Executive contact email:** |  | | | |
| Current Simulation Education Delivery | | | | |
| **Courses** - currently delivering | |  | | |
| **Specialty Groups** - which professional streams do you currently support? | |  | | |
| **Types of Simulation** - what types of simulation do you currently utilise? Ie: immersive; skills station; role play | |  | | |
| **Hours per month** of current  simulation education | |  | | |

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| Proposed Simulation Education Delivery | |
| **Courses** – additional courses proposed to be delivered |  |
| **Specialty Groups** - which professional streams will you support? |  |
| **Types of Simulation** - what types of simulation will you utilise? Ie: immersive; skills station; role play |  |
| **Hours per month** of proposed  simulation education |  |
| Delivery Location | |
| **Simulation space available** - include dimensions, floor plans, security measures, photos and whether space is lockable and climate controlled. |  |
| **Transport of Equipment** - do you intend to transport CSDS equipment to other locations? |  |
| Delivery Staff | |
| **Trained Simulation Providers** - include names and level of training received from CSDS |  |
| **New Simulation Providers** - include number and level of training required from CSDS |  |
| Current Simulation and Audio Visual Equipment | |
| **Simulation Equipment you own**  - summarise types, amount and condition |  |
| **Audio Visual** **Equipment you own**  - summarise capability, items and condition |  |
| Desired Simulation and Audio Visual Equipment | |
| **Simulation Equipment you intend to use**  - summarise types and purpose of use |  |
| **Audio Visual** - include capability, what is needed and intended use, distance of sim room to Control room; firewall info | ***Note: All sites are now charged for AV installs.*** |

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| Simulation Equipment to Asset Transfer | | | | | |
| **Note:** Equipment listed for asset transfer will be reviewed by CSDS to determine suitability. Simulation equipment that is transferred will be maintained by CSDS and made available to all Pocket Centres for loan. | | | | | |
| **Cost Centre of equipment:** | |  | | | |
| **Asset #** | **Description** | | **Vendor** | **Date of purchase** | **Condition** |
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