# CSDS 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 by email.

Submit completed application form via email to: CSDS\_Pockets@health.qld.gov.au

|  |  |
| --- | --- |
| **Date of submission:** |  |
| **Site/Department:** |  |
| **Proposed Pocket Centre name:** |  |
| **HHS/Organisation:** |  |

## Key contacts

### Primary contact (applicant)

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Email:** |  |
| **Phone:** |  |

### Secondary contact (applicant)

|  |  |
| --- | --- |
| **Name:**  |  |
| **Position:** |  |
| **Email:** |  |
| **Phone:** |  |

### Department/Executive endorsement

Please note you must discuss and receive signed approval prior to submitting.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Signature:** |  |

### Legal Department/ Contract Unit endorsement

Please note you must discuss and receive signed approval prior to submitting.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Email:** |  |
| **Phone:** |  |

## Simulation education delivery

### Courses

|  |  |
| --- | --- |
| **Currently** delivering: | **Proposed** new courses (if any): |
|  |  |

### Specialty groups

|  |  |
| --- | --- |
| Which professional streams do you **currently** support? | Which professional streamswill you **additionally** support (if any)? |
|  |  |

### Collaborations

|  |  |
| --- | --- |
| Do you **currently** partner with any external education provider, e.g. TAFE, University orRTO. If yes, please explain in what capacity? | Do you **plan** to partner with any external education provider, e.g. TAFE, University orRTO. If yes, please explain in what capacity? |
|  |  |

### Hours per month

|  |  |
| --- | --- |
| **Current** simulation education: | **Proposed** simulation education: |
|  |  |

## Delivery staff

### Simulation providers

|  |  |
| --- | --- |
| **Trained** - include names and level of training received from CSDS. | **New** - include number and level of training required from CSDS. |
|  |  |

## Pocket Centre location

|  |  |
| --- | --- |
| **Location address:** |  |
| **Suburb:** |  |
| **Postcode:** |  |

## Pocket Centre delivery address

|  |  |
| --- | --- |
| **Delivery address:** |  |
| **Suburb:** |  |
| **Postcode:** |  |

## Pocket Centre postal address

|  |  |
| --- | --- |
| **Postal address:** |  |
| **Suburb:** |  |
| **Postcode:** |  |

## Simulation space

|  |  |
| --- | --- |
| **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?If yes, to which other locations? |  |

## Simulation equipment

### Simulation equipment you own

|  |  |
| --- | --- |
| **Item:**  | **Used to deliver what courses/training?** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### CSDS simulation equipment requesting access to(Please note simulation equipment requested is subject to availability)

|  |  |
| --- | --- |
| **Item:**  | **Used to deliver what courses/training?**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### Simulation equipment lead

|  |  |
| --- | --- |
| **Nominated equipment contact:** |  |

### Audio visual equipment

|  |  |
| --- | --- |
| **Express your interest.**Audio visual can be suppliedat cost for parts and installation. |  |

### Simulation equipment to asset transfer (optional)

|  |  |
| --- | --- |
| **Cost Centre of equipment:** |  |
| **HHS Asset Officer:** |  |
| **Asset #** | **Description** | **Vendor** | **Date of purchase** | **Condition** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 CSDS Pocket Centres for loan.

## Pocket Centre goals

### Pocket Centre establishment

|  |
| --- |
| Please summarise how becoming a CSDS Pocket Centre will affect clinical practice andsupport better patient outcomes within your facility? |
|  |