

2025-26 High Value Statewide Replacement Fund - Medical Equipment

Form Preview

Contact Details

* indicates a required field

Health Service/ Agency Details

Applicant Organisation Name *

Organisation Name

Confirm Health Service Name for data integrity purposes *

Confirm Health Service Name for data integrity purposes.

Region Division *

Choose a Division

Area *

Choose divisional area to which this submission relates

Local Government Area (LGA) *

Choose the LGA to which this submission relates.

Local Health Service Network (LHSN) *

Choose the LHSN to which this submission relates to

Type of Health Service *

- Local Health Service Multipurpose Services Sub-acute Service
 Metropolitan Health Service Regional Hospital Sub-regional Hospital
 Metropolitan Hospital Small Rural Health Service

No more than 1 choice may be selected.

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

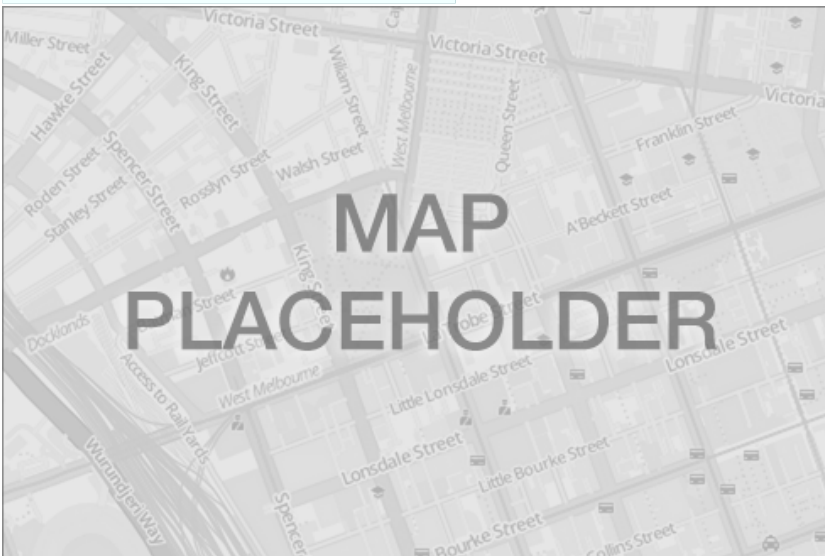
Tax Concessions

Main business location

Must be an ABN.

Applicant Primary Address (Head Office / Main Campus) *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Hospital/Campus *

Address of Campus / Facility to which the submission relates *

Address

Suburb/Town State/Province Postcode Country

Must be an Australian postcode. Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Department (location of requested asset) *

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Building Name *

Location of requested asset

Applicant details

* indicates a required field

Project Management

This is the person who will be responsible for managing this project and will be liaising as required with the Department.

Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

Phone Number

Must be an Australian phone number.
eg: 03 9596 4378

Mobile Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Relevant Stakeholders

Relevant key stakeholders consulted *

- | | |
|--|---|
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Facilities Manager |
| <input type="checkbox"/> Director - Radiology | <input type="checkbox"/> Information Communication Technology Manager |
| <input type="checkbox"/> Director - Nuclear Medicine | <input type="checkbox"/> Infection Control Committee |
| <input type="checkbox"/> Director - Cardiology | <input type="checkbox"/> New Technology Committee |
| <input type="checkbox"/> Operational Director | <input type="checkbox"/> Occupational Health and Safety Officer |
| <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Biomedical Engineer Manager | |

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General eligibility criteria

* indicates a required field

The High Value Statewide Replacement Fund

The High Value Statewide Replacement Fund - Medical Equipment purpose focuses on replacing highest priority critical risk medical equipment assets, greater than \$200,000 (excluding GST). Medical equipment or assets eligible for replacement are those that sustain existing acute and subacute services in Victorian public hospitals and are considered to be at the end of their effective lives, therefore posing an unacceptable and immediate risk to patient and/or healthcare worker safety.

Pre-submission checklist

Is the proposal (single asset or asset system) greater than \$200,000 (excluding GST)? *

- Yes
- No - project ineligible

Is the replacement/refurbishment of an existing asset (i.e. not additional to the asset base)? *

- Yes
- No - project ineligible

Does the asset replace qualifying highest priority critical existing assets and systems that pose an unacceptable and immediate threat to patient/healthcare worker safety?

Does the asset sustain acute or sub-acute services in a Victorian public hospital? *

- Yes
- No - project ineligible

Is the requested asset in-scope for funding under the program? *

- Yes
- No - project ineligible

For the type of medical/ engineering infrastructure - please download and refer to the Eligible In scope item listing Appendix 1 from the Guidelines <https://www.vhba.vic.gov.au/health/equipment-engineering-upgrades/medical-equipment-replacement-program>

Is the existing asset at end of life or overdue and time-critical to be replaced/renewed? *

- Yes
- No - project ineligible

Has the asset been committed to purchase (i.e. purchase committed or purchase order raised)? *

- Yes - project ineligible
- No

Is it project ready?

Have alternative options been considered such as: service reconfiguration, lease, private provider? *

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- Yes - provide details below
- No - project ineligible

Cannot reliably be undertaken by any other means and have asset and service support shortfalls that cannot be reasonably or acceptably addressed via maintenance

Alternative options considered *

Service delivery alternatives considered? Commercial alternatives (leasing, shared services)? Interim risk-mitigation alternatives (e.g., temporary hire, borrowing from another service)?

What is the most critical clinical service that this asset supports? *

Is the asset critical to acute service delivery or direct life safety, including assets and infrastructure that, while primarily supporting sub-acute services are essential to maintaining the safety, continuity, or availability of acute services? *

- Yes
- No - project ineligible

Eligible and in-scope items

Indicate what type of medical equipment *

For the type of medical infrastructure - please download and refer to the Eligible In scope item listing Appendix 1 from the Guidelines <https://www.vhba.vic.gov.au/health/equipment-engineering-upgrades/medical-equipment-replacement-program>

Add supporting comments *

Is the project ready for commencement, with health service's resources and governance to manage the process? *

- Yes
- No - project ineligible

Add supporting comments *

What is the proposed replacement assets performance capacity size: *

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Larger

Smaller

Unchanged

If a change is identified, what is the size of the replacement asset and why does it require upsizing/downsizing? *

Is the proposed new asset to be effectively a disconnect/reconnect process? *

Is the proposed asset to be replaced currently part of a duty/standby arrangement? *

Is the proposed replacement asset responsible for part, or full-service load for the area it will service? Specifically, nominated/list areas the asset services. *

Requested asset

* indicates a required field

Requested Asset *

Health service CEO priority number *

1

2

3

4

5

1 being highest priority and 5 being lowest priority

Have you applied for funding for this project (or elements of this project) from another source? *

Yes

No

If yes, please provide an outline of other funding sought

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Word count:

Must be no more than 100 words.

Details of submission

Project Title *

Word count:

Must be no more than 250 characters no more than 200 words.

Please provide short summary of project / proposal *

Word count:

Must be no more than 100 words.

Provide a short description of your project - what do you plan to do?

Basic Project Description (maximum 35 words) *

Word count:

Must be no more than 35 words.

Succinct description to characterise the nature of the project. Examples: "Replace CT scanner to reduce waitlist times and enhance service delivery" // "Construct a new Community Health Centre to deliver primary care services, including GP, dental, physio, OT, and other Allied Health and Clinical services" // "Renovate reception and waiting area, and install swipe entry doors to improve safety and amenity for patients and staff" // "Upgrade of essential facilities and equipment including nurse call system, fire detection system, ICT server, floor coverings, patient beds, theatre suction system, and washer disinfectant."

Key Deliverables *

Exact technical details of what is to be installed

Key Deliverables Exclusions *

Key Deliverables Exclusions Reason *

Key Deliverables Inclusions *

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Key Deliverables Inclusions Reason *

Project Rationale

Rationale for the replacement of the asset:

Provide the rationale for replacement of the asset including: critical risk issues and impact on service, major functions of the asset and how they relate to the services it supports.

The justification for replacement, articulating and demonstrating alignment with agreed strategic, service and master plans, statement of priorities, whole of government policies and strategies, and how the requested asset meets the identified service need and model of care.

Outline your project rationale *

Word count:

Must be no more than 500 words.

Indicate peripheral infrastructure that it requires to support? For example: General Care Devices / Life Support Systems / Imaging Devices?

Summarise the expected benefits and outcomes *

Word count:

Must be no more than 100 words.

Describe how this replacement aligns with your Local Health Service Network service plan, Statement of Priorities, and your Asset Management Plan *

Word count:

Must be no more than 200 words.

Future service profile

Indicate which other peripheral infrastructure is required to support medical equipment:

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- IT Storage and retrieval
- Cooling
- Electrical Load
- Uninterruptible power supply requirements
- Ceiling/ floor support
- Radiation safety - shielding, workflow etc
- Other:

If 'Other' - please outline what this relates to.

Outline the requirements in more detail based upon your selection.

Word count:

Must be no more than 200 words.

eg: Physical space requirements, IT storage & retrieval, cooling, electrical load & Uninterruptable Power Supply requirements, ceiling/floor support, Radiation safety

Bariatric - Identify the weight limit and bore size (for CT & MRI) for the requested unit.

Word count:

Must be no more than 200 words.

Can any existing procedures and activities be minimised or disinvested as a result of the replacement technology.

- Yes
- No

If 'Other' - please outline what this relates to.

Provide details

What new clinical indications/procedures/services can this technology be used for over and above the existing indications/procedures/services with the existing equipment?

Word count:

Must be no more than 200 words.

Has the replacement technology application been endorsed by the health service New Technology committee or any other committee?

- Yes

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No

If 'Other' - please outline what this relates to. Consultation with the health service New Technology committee is required

Elaborate the result of the consultation

Word count:

Must be no more than 100 words.

Indicate if the requested asset complies with the following *

- Australian Standards
- Electrical Safety Standards
- Radiation Safety Act
- Therapeutic Goods Administration
- Other:

If 'Other' - please outline what this relates to.

Existing asset

* indicates a required field

Existing asset requiring replacement *

Asset number(s) *

Write "N/A" if not applicable.

Serial number & biomedical number *

Please provide both the manufacturer's serial number and as per the Radiation Safety Register (if different). Write "N/A" if not applicable.

Photographs of existing asset *

Attach a file:

Please attach photos of the existing asset to be replaced

Background for critical risk assessment

The response to questions and evidence provided in the section below provides background and context for the determination of the critical risk assessment.

What is the age of the existing asset? *

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Ownership status *

- Owned
- Leased
- Private Provider
- Purchased Service

If 'Other' - please outline what this relates to.

How many years has the existing asset been owned by the health service? *

Must be a number.

What was the estimated effective life of the existing asset when first installed? *

Word count:

Must be no more than 200 words.

What year is manufacturer or vendor technical support available until? *

Note: This is not the same as eligibility for a service agreement

Please attach relevant technical support letter if limited or no further support available

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Is manufacturer-supported spare parts availability guaranteed for the asset? *

- Yes
- Limited/declining availability
- No longer available

If yes, guaranteed until which year?

Must be a number.

Indicate if the existing asset complies with the following: *

- Australian Standards
- Electrical Safety Standards
- Radiation Safety Act
- Other:

If 'Other' - please outline what this relates to.

Comment on compliance with regulation standards and other requirements *

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Reliability - existing asset

What is the frequency of breakdown of asset / unplanned interruption of service in each year for the last two years? *

Word count:

Must be no more than 200 words.

Provide numbers and a short description

What is the duration of breakdown of the asset and impact on clinical service delivery? *

Word count:

Must be no more than 200 words.

Upload evidence supporting the breakdown of the asset and its impact on clinical service delivery *

Attach a file:

Evidence required

Outline the major upgrades that can be performed on the existing asset. *

Word count:

Must be no more than 200 words.

Decommissioning - existing asset

Identify the decommissioning, removal from service and disposal method for the existing asset(s).

Word count:

Must be no more than 200 words.

Service demand & utilisation

We need to understand how the requested medical equipment fits with service demand and the level of utilisation of all similar equipment across all campuses of the health service.

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Download and complete the **Service demand and utilisation template** at the following website:

[Service demand and utilisation template](#)

Attach completed Service demand & utilisation spreadsheet

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Financial summary

* indicates a required field

The following section is a financial summary of your application.

Equipment component cost (GST excl) *	Direct installation costs (GST excl) *	Minor works costs (GST exclusive) *	Other costs (GST exclusive) *
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Total project replacement cost over \$1 million

Is the total replacement cost over \$1 million dollars (excluding GST) *

- Yes
 No

Total project replacement cost

Total replacement cost (GST exclusive)

This number/amount is calculated.

Life cycle costing

Where the total project replacement cost is over \$1 million, complete the Life cycle costing template. Download [the Life Cycle Costing Template](#) and attach a completed version.

Completed life cycle costing spreadsheet *

Attach a file:

For submissions greater than \$5 mil, has the 2.5% Environmentally Sustainable Design (ESD) budget been applied in the cost plan (2.5% of net construction cost)? *

- Yes No

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If no, please provide justification

Funding provided under the Medical Equipment Replacement Program (MERP) is for the replacement medical equipment asset only. MERP does not fund associated project costs, installation, enabling works, refurbishment, or upgrades to rooms, buildings, or infrastructure required to support the installation of the asset. These costs are the responsibility of the health service. Where such funding is required for successful completion of the project the health service must indicate where these funds will be sourced from.

Funding sources

* indicates a required field

Funding

Identify all funding sources for the total project cost. Note ALL are excluding GST

Are you receiving funding from another source for this project? *

- Yes
 No

Please identify the source(s) of additional funding *

Please specify amount of additional funding *

Must be a dollar amount.

Procurement and project timelines

* indicates a required field

Project timeline and key milestones

Please provide a project schedule, listing estimated dates for key milestones such as procurement, contract award, practical completion. It is understood that if successful, health services will undertake processes to procure assets consistent with Government and appropriate policies.

Indicative start date *

Must be a date.

Use calendar icon to select indicative date.

Indicative date for finalised specifications (statement of requirements) *

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Must be a date.
Use calendar icon to select indicative date.

Indicative date for tender commencement *

Must be a date.
Use calendar icon to select indicative date.

Comment

Indicative date for tender evaluation completion *

Must be a date.
Use calendar icon to select indicative date.

Comment

Indicative date for purchase order/ contract execution *

Must be a date.

Comment

Indicative date project operational (project complete/installed, commissioned and fully operational) *

Must be a date.

Indicative date for final project report and financial acquittal *

Must be a date.

Any other relevant information

Word count:
Must be no more than 100 words.

Attach a Gantt chart or project timeline (if available)

Attach a file:

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Project readiness and governance

* indicates a required field

Project readiness and implementation

Confirm whether the project has been scoped:

Preliminary scoping & documentation completed *

- Yes
- No

Attach preliminary scoping documents/ schematic design/ sketch plan/ design reports *

Attach a file:

Provide the location of existing and proposed asset replacement on a floorplan(s). Please label all attachments clearly with health service name, project name and description of information

Does the project have all approvals required to commence procurement immediately (e.g., CEO/Board, procurement governance, internal capital committee)? *

- Yes
- No

If no, explain what is outstanding and expected timing

Word count:

Must be no more than 150 words.

Quotes & costings identified *

- Yes
- No

Attach independent quotes, cost plans and project budget summary *

Attach a file:

Please label all attachments clearly with health service name, project name and description of information.

Transition planning identified *

- Yes
- No

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Comments on project readiness and implementation, including the status of other current capital projects at your health service. *

Word count:

Must be no more than 200 words.

Identify the enablers and dependencies for project implementation including any decanting of services required. *

Word count:

Must be no more than 200 words.

Does this replacement depend on broader capital works or enabling infrastructure upgrades? If yes, confirm that these can be delivered within 2025-26 OR explain why the dependency does not delay installation. *

Word count:

Must be no more than 200 words.

Identify if operational areas have confirmed that the required works can be undertaken in the timeframes indicated in the proposal. *

Word count:

Must be no more than 200 words.

Are you seeking funding for the Project Management cost in your Total Project Cost Estimate? *

- Yes
 No

Governance

Outline the health service governance framework for this project implementation *

Include processes and reporting mechanisms and accountabilities. Include how project progress is reported to executive and frequency of reporting.

Identify key project team members including project sponsor and project leader *

Outline technical staff and project management staff - their capability, capacity and experience/track record in managing similar projects in complexity

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Outline the implementation plan for this project including key tasks and responsibilities *

Word count:

Must be no more than 500 words.

Identify project implementation risks such as time delays, cost overrun and operational disruption and discuss mitigation strategies. *

Word count:

Must be no more than 500 words.

Please attach relevant governance documentation *

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Critical risk identification

* indicates a required field

Critical risk summary

Summarise the overall critical risk issues associated with the asset including the function it can no longer perform *

Word count:

Must be no more than 200 words.

What are the impacts if the asset fails? *

Word count:

Must be no more than 200 words.

Describe how asset failure impacts: patient safety; staff OHS; service continuity; transfers to other services; waiting lists or elective surgery; other health services

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Outline if the breakdowns or disruptions cause any impact on patient care, including: waiting lists, elective surgery, increased patient transfers or impact on other health services *

Word count:

Must be no more than 200 words.

How are the risks outlined above currently being managed? *

Word count:

Must be no more than 200 words.

Provide specific evidence that the risks cannot be acceptably managed through maintenance, workaround processes, or temporary engineering solutions *

Word count:

Must be no more than 200 words.

Attach relevant reports such as service and/or maintenance reports or de-identified clinical incident reports. Photos may also be attached. *

Attach a file:

Please ensure information is de-identified for patient and staff details before uploading files. Please label all attachments clearly with health service name, project name and description of information

Critical risk assessment

* indicates a required field

Scoring

Apply the following number scales to the risk questions below:

Consequence:

1 - Insignificant **2** - Minor **3** - Moderate **4** - Major **5** - Extreme

Likelihood: **1** - Rare **2** - Unlikely **3** -

Possible **4** - Likely **5** - Almost certain

Risk Matrices

This following sections need to refer to the [Guidelines - Appendix 2: Risk Matrices](#).

Clinical Risk

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Consequence *

- 1 2 3 4 5

What is the clinical and patient consequence when the asset fails / breaks down? *

Word count:
Must be no more than 200 words.

Likelihood *

- 1 2 3 4 5

What is the likelihood of the consequence /risk issue identified above occurring? *

Word count:
Must be no more than 200 words.

Total Clinical Risk

This number/amount is calculated.

Occupational Health & Safety Risk

Consequence *

- 1 2 3 4 5

What is the occupational health and safety consequence to staff when the asset fails / breaks down? *

Word count:
Must be no more than 200 words.

Likelihood *

- 1 2 3 4 5

What is the likelihood of the consequence /risk issue identified above occurring? *

Word count:
Must be no more than 200 words.

Total Occupational Health and Safety Risk Score

This number/amount is calculated.

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Service Availability Risk

Consequence *

- 1 2 3 4 5

What is the clinical service availability consequence when the asset fails / breaks down? *

Word count:

Must be no more than 200 words.

Likelihood *

- 1 2 3 4 5

What is the likelihood of the consequence /risk issue identified above occurring? *

Word count:

Must be no more than 200 words.

Total Service Availability Risk Score

This number/amount is calculated.

Supporting documentation for risk

Attach risk, failure, de-identified incident reports or other supporting documentation. Photos may be attached. *

Attach a file:

Please ensure information is de-identified for patient and staff details before uploading files. Please label all attachments clearly with health service name, project name and description of information

Standardised Risk Score

Standardised Risk Score

This number/amount is calculated.

Between 1-5

Critical risk - service level weighting

Apply the following service scores to the critical risk question below:

1 single area or department within one campus impact Assets that support only a single department or localised area within the facility. These are generally not critical to hospital-wide operations.

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2 critical clinical service area within one campus impact - Assets that are essential to key clinical areas that are critical to patient care and safety, such as the emergency department, operating rooms, intensive care units (ICU), or neonatal intensive care units (NICU).

2 whole of campus/hospital impact - Assets that support the entire hospital or campus-wide operations, regardless of specific clinical services

3 one single health service but multiple campus impact - Assets that support services provided across multiple campuses within a single health service.

4 multiple health service impact (Local Health Service Network Level) - Asset that delivers care to multiple other hospitals or regions beyond the local catchment.

5 statewide impact - Assets that support services which provide specialised care at a state or national level, are often unavailable elsewhere. These include services such as major trauma centres, organ transplants (e.g., liver/heart), and other quaternary-level services.

Service Level Weighting *

1 2 3 4 5

Comments on service level weighting *

Word count:

Must be no more than 200 words.

If no, please provide justification

Overall Proposal Risk score

Overall proposal risk score

This number/amount is calculated.

Calculated using total risk score multiplied by the service level weighting.

Sustainability Considerations

* indicates a required field

Sustainability

Please refer to the sustainability guidelines when filling out this section [Sustainability Guidelines](#)

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Does the proposal involve replacement of existing gas-dependent medical equipment, such as sterilisers, where consideration of electric alternatives is required? *

- Yes
- No

If yes, please describe where the replacement equipment will be all-electric, partially electric, or gas-dependent. Where gas is retained, outline why an all electric option was not feasible and confirm that no new gas meters will be installed, in accordance with government policy.

Where any fit-out, refurbishment or construction works are required to support installation of the replacement medical equipment, and are funded separately by the health service, will those works comply with the applicable business-as-usual requirements of the VHBA guidelines for Sustainability (Appendix 2) *

- Yes
- No
- N/A

If no, please provide justification *

Please provide details on the replacement or installation details of existing gas assets being electrified. Government policy does not allow the installation of any new gas meters. *

If Yes, is the proposed solution:

- 1) all-electric
- 2) partial electric
- 3) new gas infrastructure and/or equipment

If 2) or 3) was selected, is the all-electric solution not possible because of:

- spatial allowance
- cost
- electrical infrastructure
- program
- Other:

If 2) or 3), provide commentary on how it was determined that an all-electric solution was not possible

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Upload all relevant supporting evidence *

Attach a file:

Support from the Department of Health

* indicates a required field

Have you received support from the Department of Health for the purchase of this asset? *

Yes

No

If yes, please attached confirmation.

Attach a file:

Approval Certification

* indicates a required field

Applicant Checklist

Please check that all relevant items below have been completed and attached. Individual file size cannot be more than 25MB. *

- Technical support letter for the existing asset from incumbent vendor if limited or no further support available
- Evidence supporting the breakdown of the asset and its impact on service delivery
- Project Management Plan attached for proposals submitted. The PMP clearly needs to set out Scope, Deliverables, Benefits, Timelines, Cost Plans, Procurement Strategy, Project Governance Structure (project organisation charts) and Risk Assessments
- Sketch plan, design reports and design drawings (if available)
- Life cycle costing sheet pre-filled for assets above \$1 million
- Photographs of existing and proposed asset
- Independent quotes and cost plans attached
- Independent reports (service and maintenance reports audits, identified clinical incident reports)
- Responses to the Risk Criteria attached
- Risk registers
- Confirmation of support from Hospital and Health Services Team (Department of Health).
- Completed Service Demand Utilisation spreadsheet
- All relevant supporting evidence related to sustainability considerations

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Any other supporting documentation. Photos may be attached.

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Privacy & declaration

* indicates a required field

Privacy

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Our [privacy statement](#) is available for viewing.

Collection notice

The Victorian Infrastructure Delivery Authority (VIDA) Health is committed to protecting your privacy. VIDA Health will collect and handle personal asset information collected via this form for the purposes of assessment of applications and monitoring of projects.

For more information on privacy management, please refer to the department's privacy policy by visiting our website: <https://www.vhba.vic.gov.au/privacy>

Chief Financial Officer

*

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email *

Must be an email address.

Chief Executive Officer

*

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Email *

Must be an email address.

Declaration

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This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that the Chief Executive Officer has endorsed this application and the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I hereby agree to the above: *

Yes

I confirm the asset for replacement (or elements of this project) has not received funding from another source or part of capital works on site. *

Yes

Authority to submit

Authorised Officer *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Position *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

eg: 03 9596 4378

Date *

Must be a date.

Use calendar icon to select date.

Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process? *

- Very easy
- Easy
- Neutral

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- Difficult
- Very difficult

Any feedback/ comments *