



Declaration and Approval Form

*Humpty Dumpty Foundation requires that applications for equipment be approved by the applicant **AND** by a delegate of the nominated hospital or health service. The delegate should be appropriately authorised to act on behalf of the hospital or health service and consistent with local delegations of authority. For equipment valued over \$10,000 please consider if this should be a hospital administrator or LHD executive.*

The Applicant and the Delegate must read, sign and date the Declarations below.

Declaration by applicant

I certify that application #..... dated..... for **[equipment name]** on behalf of **[Hospital name]** is accurate and correct.

Applicant name: Position:

Signature: Date:

Declaration by delegate

1. I declare and confirm that:
 - a) I am authorised to approve this application on behalf of **[Hospital name]**.
 - b) The equipment is necessary and will be used for the prevention or control of diseases in children.
 - c) Use of the equipment is consistent with relevant clinical guidelines and the policies of **[Hospital name]**.
 - d) Our biomedical engineering or equivalent equipment maintenance service department is aware of this application.
 - e) Other potential sources of funding, including local/state/territory health agencies, are unable or have declined to fund this equipment.
2. I understand and agree that:
 - a) All ongoing costs for the equipment, including training, insurance, warranty, maintenance and consumables are the responsibility of **[Hospital name]**.
 - b) Humpty may use the name of our hospital/health service for promotional purposes.
 - c) If this application is approved, the equipment will be placed on Humpty's Wish List for donors to purchase. Until a donor is found, the equipment is not to appear on any other provider's wish list.
 - d) **[Hospital name]** shall **immediately** notify Humpty if the equipment is no longer required.
 - e) Humpty will provide a sticker acknowledging the donor which must be fixed to the equipment. A photo of the stickered equipment must be provided to Humpty.
 - f) If the donor would like to see their donated equipment on site, **[Hospital name]** must take all reasonable steps to accommodate this.
 - g) At no time will **[Hospital name]** contact Humpty's donor directly as this will jeopardise any potential future Humpty funding.

Delegate name: Position:

Email: Contact Phone: ()

Signature: Date: