

THE HEALTHCARE OTAGO CHARITABLE TRUST

**Application for Capital Expenditure Funds**  
(For Items Exceeding \$5,000.00)

Southern District Health Board Applicants ONLY

1. **Item Requested:** \_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Department / Ward: \_\_\_\_\_

General Manager Signature: \_\_\_\_\_

General Manager Name: \_\_\_\_\_

Date: \_\_\_\_\_

2. **Executive Director Patient Services (EDPS) Endorsement**

EDPS Signature: \_\_\_\_\_

EDPS Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Cost Centre Number: \_\_\_\_\_ Cost Centre Name: \_\_\_\_\_

<b>Capital Expenditure Details</b>
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<b>1. Asset Name and Description:</b>

<b>2. Reason Item Required</b> (particularly benefit to patients):

<b>3. Alternatives Considered</b> (if any):

**4. Consequences**

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**5. Total Cost including GST and installation costs (if any): \$**

**5.1 Other Sources of Funding Considered / Approved:**

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**6. Which one of the following Capex Prioritisation Criteria applies to this application:**

1	Risk to patient and/or staff safety with potential to cause serious harm		
2	Compliance and/or statutory requirement		
3	Strategic initiative		
4	Disruption to service – unable to find alternative		
5	Disruption to service – able to find alternative		
6	Enhanced quality		

**7. Has this been considered by the Capital Approval Group?          YES / NO**

**7.1 Reason for Being Declined:**

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**8. Internal Endorsements (if required):**

		Initials
Product Evaluation	<i>(for all clinical equipment)</i>	
Biomedical	<i>(for all clinical equipment)</i>	
Information Systems	<i>(Computer &amp; IT equipment and any type of software)</i>	
Facilities Management	<i>(Building works &amp; repairs and any new construction)</i>	
Infection Control	<i>(Clinical equipment items requiring sterilisation, single-use items being re-used, food services equipment – ovens, etc.)</i>	
Occupational Health	<i>(only if OSH issues)</i>	

**Forward completed applications and supporting documentation to:  
The Secretary, Healthcare Otago Charitable Trust, P O Box 5848, DUNEDIN;  
e-mail: [secretary@hcocharitabletrust.co.nz](mailto:secretary@hcocharitabletrust.co.nz)**

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**FOR OFFICE USE ONLY**

Confirmed:

Date:

Amount Approved: \$

SDHB Code:

Trust Fund:

Region applied to:

Dunedin	Alexandra	Balclutha	Cromwell	Kurow	Lawrence	Milton
Oamaru	Palmerston	Ranfurly	Roxburgh	Tapanui	Wanaka	Other

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