

ENDORSEMENT AND VALIDATION

Endorsement

Endorsement confirms the workload impact and saving/ cost estimates are appropriate to the proposal given its scope and risk profile, and the benefits are realistic and can be delivered as outlined.

| | |
|--|----------------------|
| Name: | Signature: |
| Position: Executive Director <Insert Title> | Date: / / |
| Division: | Contact No: |
| Comment: | |

Validation

Validation Stage confirms the robustness of the Business Proposal.

Chief Finance Officer- West Moreton Hospital and Health Service

| | |
|--------------------|----------------------|
| Name: | Date: / / |
| Contact No: | Signature: |
| Endorsed | Not Endorsed |
| Comments: | |

Approval

Chief Executive

| | |
|----------------------|---|
| Name: | West Moreton Hospital and Health Service |
| Date: / / | Contact No: |
| Approved | Not Approved |
| Signature: | |
| Comments: | |

SUPPORTING DOCUMENTS AND ATTACHMENTS

The following documents support this business change proposal and assist in reducing proposal risk

| Document Number/ Version | Document Title |
|--------------------------|--|
| Appendix one | Review Scoping Action Plan |
| Appendix two | Rehab and Allied Health Current Structure |
| Appendix three | Proposed structure of Rehab and Allied Health Services |
| Appendix four | Financial Savings by Position number and discipline |