



# Sponsorship Application Form

## SECTION 1 APPLICANT DETAILS

### 1.1 ORGANISATION

Organisation name (the Applicant) \_\_\_\_\_

What is your organisation's legal status? \_\_\_\_\_  
 (e.g. company limited by guarantee, incorporated association etc.) \_\_\_\_\_

### 1.2 CONTACT DETAILS

#### CEO/Manager

Title Mr  Ms  Other (please specify) \_\_\_\_\_

Given names \_\_\_\_\_

Family name \_\_\_\_\_

Telephone Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

#### Sponsorship Contact Person

Title Mr  Ms  Other (please specify) \_\_\_\_\_

Given names \_\_\_\_\_

Family name \_\_\_\_\_

Telephone Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### 1.3 ORGANISATION'S ADDRESS DETAILS

#### Street address

Suburb/town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

If your postal address is the same as your street address, write 'as above'

#### Postal address

Suburb/Town: \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Website address: \_\_\_\_\_

### 1.4 ABN DETAILS

Are you registered for GST?  Yes  No

Applicant's ABN 

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## SECTION 2 SPONSORSHIP PARTICULARS

### 2.1 IN-KIND SUPPORT

Please outline any in-kind support you would like to contribute to Health Consumers Council

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 2.2 SPONSORSHIP TYPE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Platinum Sponsorship</b>   | <input type="checkbox"/> <b>Gold Sponsorship</b>   | <input type="checkbox"/> <b>Silver Sponsorship</b>   |
| <input type="checkbox"/> <b>Consumer Excellence Awards</b><br>Category 1:<br>Health Organisation Award                     | <input type="checkbox"/> <b>Consumer Excellence Awards</b><br>Category 2:<br>Health Professional Award | <input type="checkbox"/> <b>Consumer Excellence Awards</b><br>Category 3:<br>Health Consumer Award |
| <input type="checkbox"/> <b>Consumer Excellence Awards</b><br>Category 5<br>Aboriginal/Torres Strait Islander Health Award |  |  |

## SECTION 3 STATISTICAL INFORMATION ABOUT SPONSOR

Information in this section is used by Health Consumers' Council for reporting and analysis

**Does your organisation provide services to any of the groups below?** Tick only those that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples                 | <input type="checkbox"/> Older persons  |
| <input type="checkbox"/> Women   | <input type="checkbox"/> Regional, rural and remote communities                                     |
| <input type="checkbox"/> Men   | <input type="checkbox"/> People with physical and/or intellectual disability                        |
| <input type="checkbox"/> People from culturally and linguistically diverse backgrounds | <input type="checkbox"/> People living with mental health difficulties or problematic substance use |
| <input type="checkbox"/> Children 0-11 years of age                                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender or Intersex people                     |
| <input type="checkbox"/> Young people 12-25 years of age                               | <input type="checkbox"/> Other: _____   |

## SECTION 4 SUPPORTING INFORMATION

To assist us with Event Management, please advise the below:

- Full Names and position titles the sponsor delegates who will be attending the event series (Complimentary as per level below)

Sponsorship Type	Complimentary Tickets Included	Name of Person/s Attending
<input type="checkbox"/> Platinum	4 x tickets	1. _____ 2. _____ 3. _____ 4. _____
<input type="checkbox"/> Gold	2 x tickets	1. _____ 2. _____
<input type="checkbox"/> Silver	1 x ticket	1. _____
<input type="checkbox"/> Award Sponsor	1 x ticket (co-presenting award with HCC)	

## SECTION 5 CERTIFICATION

Name in full \_\_\_\_\_

Position in Organisation \_\_\_\_\_

Signature \_\_\_\_\_

Date     /     /

The person signing warrants they have authority to sign on behalf of the organisation