

INDUSTRY PARTNER APPLICATION 2009/2010

(Please note that organisations providing any aged care services are not eligible for Industry Partnership)

DETAILS

Contact Name: _____

Organisation: _____

CEO/Managing Director _____

Postal Address: _____

_____ P/Code: _____

Street Address: _____

_____ P/Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

ACQ Membership Region: *(Please tick)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Central Queensland | <input type="checkbox"/> Mackay | <input type="checkbox"/> Townsville |
| <input type="checkbox"/> Darling Downs | <input type="checkbox"/> Pine Rivers/Caboolture | <input type="checkbox"/> Wide Bay Burnett |
| <input type="checkbox"/> Far North Queensland | <input type="checkbox"/> Sunshine Coast | |
| <input type="checkbox"/> Gold Coast | <input type="checkbox"/> South West Queensland | |

INDUSTRY PARTNER ENTITLEMENTS

Information

- A weekly Newsfax giving updates on the aged care community care and retirement living industry
- The opportunity to participate in some of ACQ committees and special interest groups
- Our industry magazine, ACQ wire online
- Access to the Members Only section of the ACQ website
- Advance notice of conference and trade exhibition opportunities

Advertising/Promotion

- One complimentary Industry Partner listing on the ACQ website (up to 3 categories)
- Opportunity to advertise on the ACQ website
- Standard listing in Resource Guide with the option of higher exposure advertising
- Use of the Industry Partner logo in your advertising, marketing and literature

Discounts

- Member rate advertising and promotional opportunities
- Member rate for conference registrations and trade exhibition booths
- Discounted rates for room hire of our Jindalee conference rooms
- Access to AICD training programmes at member rates
- Advertising at member rates in ACQ wire magazine

FEES

Subscription to the Association as an Industry Partner is \$1200 + GST per annum. The fees are calculated per financial year with no pro rata adjustments for late application. When the application has been received an invoice will be forwarded to you. Once payment has been received your application will be forwarded to the ACQ Board for approval.

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UNITED IN CARING

CONTACT DETAILS

Please ensure your contact phone, fax and address details are always kept up to date with the ACQ office. *NewsFax* is distributed by email every Tuesday evening. ACQ wire is distributed six times yearly to your postal address.

To receive *Newsfax* via email, you can register a number of email addresses, please specify below

Name	Email
1	
2	
3	
4	
5	
6	
7	
8	

LINKS

To maximise your exposure to the industry, Aged Care Queensland provides one complimentary link on the ACQ Website, where details are provided. Additional categories can be purchased for \$80 + GST per additional listing.

INTEREST IN AGED CARE

(Please indicate your organisation/company type)

- | | |
|--|---|
| <input type="checkbox"/> Accommodation – Aged Care Residential & Respite | <input type="checkbox"/> Home Care Services |
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Laundry – Consumables, Equipment & Contract Services |
| <input type="checkbox"/> Advertising / Marketing | <input type="checkbox"/> Legal Advice - Solicitors |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Maintenance Services |
| <input type="checkbox"/> Audit & Benchmarking | <input type="checkbox"/> Medical & Pharmaceutical Services & Supplies |
| <input type="checkbox"/> Banks Financial Planning & Superannuation | <input type="checkbox"/> Medication Charts & Associated Records |
| <input type="checkbox"/> Call Systems / Emergency Call Systems | <input type="checkbox"/> Nursing Agency |
| <input type="checkbox"/> Cleaning/Grounds Maintenance | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Cleaning Chemicals & Related Services | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Education Training | <input type="checkbox"/> Plumbing/Hydraulic Services |
| <input type="checkbox"/> Elder Law Research & Consultancy | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Energy Broker/Advisor | <input type="checkbox"/> Professional Health & Allied Health |
| <input type="checkbox"/> Engineers | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Equipment Suppliers | <input type="checkbox"/> Quantity Surveyors |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Records Management |
| <input type="checkbox"/> Floor Coverings | <input type="checkbox"/> Research & Consultancy |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Security |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Security Consultants |
| <input type="checkbox"/> Furniture/Office Furniture | <input type="checkbox"/> Software & Computer Systems |
| <input type="checkbox"/> Ground Maintenance | <input type="checkbox"/> Staff Recruitment Services |
| <input type="checkbox"/> Hand Hygiene | <input type="checkbox"/> Valuers |
| <input type="checkbox"/> Information Services | <input type="checkbox"/> Vehicle Brokers |
| <input type="checkbox"/> Insurance | |
| <input type="checkbox"/> IT Support & Computer Hardware | |

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Aged & Community Services Australia





APPLICATION

I/we wish to make application to become an Industry Partner of Aged Care Queensland Incorporated and be placed on the mailing list to receive a copy of ACQ wire and a weekly email of *NewsFax* and other member information. If you do not wish to receive this please advise us on acqi@acqi.org.au

Signed on behalf of: _____

Signature: _____

Position Held: _____ Date: _____

**Please return completed application to: Chief Executive Officer, Aged Care Queensland,
PO Box 995, INDOOROOPILLY QLD 4068 Fax: (07) 3715 8166**

**According to our new Constitution, payment is required before presented to the Board
for consideration. A tax invoice will be issued on receipt of your application.**

OFFICE USE ONLY Received Date: Approval: M/Ship No. Receipt No.

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