

Company:		
Contact Name:		
Position:		
Address:		
City:	State:	Postcode:
Telephone:		
Email:		
Website:		
ABN:		

### PARTNER STREAM OPTION

Business Partner (\$1,500+GST per annum) multi-state options available.

I would like to be contacted for ACSA event sponsorship, and advertising opportunities.

- I would like to be contacted by an ACSA representative regarding additional ACSA Partner benefits.

**FOCUS AREAS** – (\$1,500+GST per annum) multi-state options available.

### State / Territory

- NSW     ACT     SA     NT     VIC  
 QLD     TAS     WA

### Geographical Area

- Metro     Regional     Remote

### Sector Target

- Residential Aged Care     Community Care Packages  
 Home Care Support     Retirement Villages / Independent Living

### INDUSTRY SECTOR *(Please select your industry sector(s))*

- Insurance & Superannuation  
 Legal & Finance  
 Hospitality (Catering, Cleaning, Transport)  
 Architects, Building & Design  
 Property Services & Real Estate  
 Home Care & Service Providers  
 Goods & Equipment Providers  
 Consultants, Salary Packaging & Management Advisers  
 Health Care Professionals  
 HR, Nursing Agency & Recruitment  
 Business Solutions, Training & Technology  
 Other – please describe
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**SELECTION CRITERIA**

- The business has been in operation for more than 2 years.
- The business is compliant with all legal obligations.
- The business has had no sanctions or penalties imposed for misconduct (e.g., ASIC, criminal liability).
- The business is aligned to ACSA’s values and mission.
- The business can demonstrate financial solvency (ASIC registered).

<b>REFEREE 1</b>	
Company:	
Contact Name:	
Position:	
Telephone:	Email:
Relationship with Referee:	Number of years associated with Referee:

<b>REFEREE 2</b>	
Company:	
Contact Name:	
Position:	
Telephone:	Email:
Relationship with Referee:	Number of years associated with Referee:

<b>COMPANY BIO:</b>

**APPLICATION**

We, the applicant organisation, declare that:

- a. We will commit to participate in and contribute to the activities of ACSA;
- b. We will commit to manage our organisation’s interactions with the aged and community services industry in a manner that supports the principles and work of ACSA and promotes integrity of the aged and community care sector;
- c. We understand that becoming an ACSA Business Partner does not give our organisation membership of Aged & Community Services Australia; and
- d. All information in this application is correct.

Signed:	
Name:	
Position:	Date:

*A Tax Invoice will be sent with a confirmation letter within 14 days of receipt of this application.  
Please note ACSA does not provide details of delegates to sponsors or trade.  
Disclaimer: Every effort has been made to present all the information contained in this document as accurately as possible. ACSA, its agents, servants or sponsors will not be held responsible for any changes in content or cost for all or any general or specific information contained therein. Any cost and content are subject to alteration without notice. All rights reserved.*

**Please email the completed form to [Jodie.Pettersen@acsa.asn.au](mailto:Jodie.Pettersen@acsa.asn.au)**

**PLEASE NOTE: PLEASE ATTACH AN EXTENDED COMPANY BIO, PROMOTIONS, MEMBER DISCOUNTS AND COMPANY LOGO, FOR INCLUSION ON YOUR ACSA WEBSITE LANDING PAGE.**

You warrant and agree that You will:

- (a) Not make any representation, claim or statement (whether express or implied) that ACSA endorses goods and/ or services provided or offered by you: and
- (b) Do all things necessary to ensure that no third party considers or incorrectly assumes that ACSA endorses goods and/or services provided or offered by You.