



Government of **Western Australia**
Department of **Health**

APPLICATION FOR SUB-LICENCE TO USE THE HOME AND COMMUNITY CARE (HACC) PROGRAM LOGO ('HACC LOGO')

Please supply the following information. Your application will be considered when the following information is returned to:

Annette Milverton
Policy Support Officer
Aged Care Policy Directorate
Department of Health
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

Please note that making this application does not automatically secure a sub-licence to use the HACC logo. The Western Australian Department of Health reserves the right to refuse to grant a sub-licence to use the HACC logo.

Item 1

Contact Person's Name	
Position	
Organisation Name and identification number if any (eg. ACN, ARBN)	
Organisation Type (eg. company, incorporated association, partnership)	
Address	
Telephone, Fax, Email	

Item 2

Specify the material in relation to which you wish to use the HACCC logo:

Item 3

Specify the way these materials will be used and describe the product incorporating these materials:

Item 4

Outline the objectives of the project in which the materials will be used:

Item 5

What is the target audience for this project?

Item 6

What is the expected coverage (numbers, types, locations) for this project?

Item 7

Briefly describe costing and marketing arrangements for this project

Item 8

I warrant that all of the details provided in this form are, to the best of my knowledge, true and complete in every respect.

Signed:

Position

On behalf of (organisation)

Date