



**REGISTRATION FORM
&
GUIDELINES FOR COMMUNITY ORGANISATIONS or INDIVIDUALS
FUNDRAISING FOR AUSTIN HEALTH**

Austin Health receives many calls from community groups and individuals wishing to run an event to raise funds for one or more of its health services. These requests are very welcome and appreciated, however the Austin Health Fundraising Department's ability to actively support these activities is limited.

We understand that community groups and individuals who want to raise funds for Austin Health might wish to use Austin Health's name on promotional material to promote their fundraising event. Please note that any event, or associated promotional material that includes the Austin Health name, must be pre-approved by the Austin Health Fundraising Department.

Please pre-register your event/initiative by completing the attached form.

Thank you for your consideration and support.

Austin Health is a major teaching and research hospital incorporating on three campuses the

- Austin Hospital
- Heidelberg Repatriation Hospital
- Royal Talbot Rehabilitation Centre

Major projects and services include the

- Olivia Newton-John Cancer Centre Appeal
- Victorian Spinal Cord Service
- Liver Transplant Unit

Further information is available on the Austin Health website www.austin.org.au.

Sharon Hillman FFIA
Director of Fundraising

COMMUNITY FUNDRAISING EVENT FORM

1. Name of Organisation or Community Group conducting the Event:

2. Address of Organisation or Community Group

3. Details of Key Contact Person

Name

Address

Phone

Mobile

Fax

Email

4. Name of Event

5. Date or approximate date of function

Date:

Time of Function to

6. Type of Event

7. Venue and/or address of function

8. Brief description of the event/function

9. Purpose for which Funds are being raised

10. Event/Function promotion

Please Confirm

We agree to forward samples of all promotional materials and correspondence including all electronic and possible media releases stating Austin Health's name (or other Austin Health Institution names) to Austin Health for approval, before publishing, promoting or distributing materials.

YES / NO

11. Austin Health is the sole beneficiary of monies raised from the event

YES / NO

If No, please indicate other beneficiaries

12. The net proceeds of the Event/Function will be donated to Austin Health

YES / NO

If No, please state what part or calculation of how the funds will be distributed

13. Further comments

PLEASE NOTE:

- *Austin Health will not take any responsibility for expenses incurred by organisations or individuals raising money to benefit Austin Health, unless specifically authorised in writing.*
- *Under the Privacy Act Austin Health cannot provide any lists of volunteers or patients, donors etc*
- *Austin Health respects your privacy and will not give your details to a third party. Your contact details will only be included on our secure database, for you to receive receipts and updates on Austin Health, including quarterly newsletters.*

Signed:

Date:

APPLICANT

Approved:

Date:

DIRECTOR OF FUNDRAISING

Please Return to:	Melissa Cramp Fundraising Department Austin Health Locked Bag 25 HEIDELBERG VIC 3084 Phone: 9496 4158 Fax: 9496 5160 Email: melissa.cramp@austin.org.au Website: www.austin.org.au www.oliviaappeal.com
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