

**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 the **Program Information Officer, HACC Resource Unit, Chermide Community Health Centre, The Prince Charles Hospital, Rode Road, Chermide Qld 4032**. Please note that making this application does not automatically secure a sub-licence to use the HACC logo. The Queensland Government 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), plus service provider ID number if different	
Organisation type (eg. company, incorporated association, partnership)	
Postal address	
Telephone, fax, E-mail	

**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:**