



# HEALTH PROMOTION SPONSORSHIP

**\$5,000 - \$50,000**

## Guidelines and Application Form

All applications for Arts, Sports and Racing sponsorships are subject to pre-determined lead-times and closing dates. Please refer to the Healthway website for the current lead-times and closing dates that are applicable to your application.

| FOR FURTHER INFORMATION: |  |
|--------------------------|--|
| Telephone                | 08 9476 7000   |
| WA Statewide Toll Free   | 1800 198 450   |
| Facsimile                | 08 9324 1145   |
| Email                    | <a href="mailto:healthway@healthway.wa.gov.au">healthway@healthway.wa.gov.au</a> |
| Website                  | <a href="http://www.healthway.wa.gov.au">www.healthway.wa.gov.au</a>             |

## Application Guidelines

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### 1. ABOUT THE SPONSORSHIP PROGRAM

The Health Promotion Sponsorship Program is a key strategy to achieve Healthway's vision of a healthy Western Australia. By working with community organisations and others involved in sport, recreation, arts and racing settings there is an opportunity to change behaviour and environments to improve health.

### 2. WHAT INDUSTRY AREAS ARE SPONSORED?

The Health Promotion Sponsorship Program is focused on two industry areas:

- **Arts** – sponsorship support for community based arts and culture activities such as festivals, theatre/dance productions, concerts, exhibitions and workshops and where there is a significant opportunity to change behaviours and environments to improve health.
- **Sports and Racing** – sponsorship support to community organisations and others for programs and events within the sport, racing and active recreation areas where there is a significant opportunity to change behaviours and environments to improve health.

### 3. WHEN CAN WE APPLY FOR SPONSORSHIP?

All applications for Arts, Sports and Racing sponsorships are subject to pre-determined lead-times and closing dates. Please refer to the Healthway website for the current lead-times and closing dates that are applicable to your application.

### 4. WHAT ARE THE OBJECTIVES OF THE SPONSORSHIP PROGRAM?

The objectives of the sponsorship program are:

- **Message Promotion** - To encourage healthy lifestyles through the effective promotion of health messages relating to Healthway priority areas. Examples of health messages include: *Smarter than Smoking, Go for 2 & 5, Act, Belong, Commit.*
- **Healthy Participation** - To facilitate opportunities for priority population groups to participate in healthy activities, with either physical activity and/or social engagement benefits.
- **Structural Reform** - To facilitate structural and policy reform within organisations and venues to create healthy environments. Examples may include: the introduction of a traffic light system with minimum levels of green foods, or the introduction of responsible alcohol policies above and beyond licensing requirements.

In addition to the above, Healthway also has an objective to reduce the promotion of unhealthy messages or brands which are inconsistent with Healthway priority areas or undermine health promotion objectives.

## 5. WHAT ARE THE REQUIREMENTS FOR EACH OBJECTIVE?

As a requirement of sponsorship, Healthway expects organisations to meet the following (if applicable):

- **Message Promotion (if applicable)** – organisations will be required to provide either naming rights, principal or major sponsorship rights as part of the sponsorship.
- **Healthy Participation (if applicable)** – organisations will need to deliver project(s)/event(s) that provide increased opportunities for active participation, with a preference for participation of Healthway priority population groups.
- **Structural Reform (if applicable)** – organisations will be required to undertake substantial structural reform to improve healthy behaviours related to Healthway priority areas.

### Notes:

Minimum policy requirements: as part of receiving any form of sponsorship funding from Healthway, your organisation will be contractually required to address minimum policy requirements. See Section 10 of the *Application Guidelines* for the specific policy requirements.

Co-sponsorship policy: conditions relating to Healthway's co-sponsorship policy and your application are contained within Section 11 of the *Application Guidelines*.

## 6. WHICH OBJECTIVES DO I CHOOSE?

As part of your application for sponsorship, your organisation will be required to select **one of the three objectives** (Message Promotion, Structural Reform or Healthy Participation) to be the **focus** of your sponsorship.

Organisations may also nominate additional actions that address secondary objectives in addition to the primary objective selected in Section C.1. These additional actions will be considered in the application assessment process and be included as part of the contractual obligations.

## 7. WHO IS ELIGIBLE TO APPLY?

Incorporated organisations (including not-for-profit, companies and statutory bodies) submitting applications in accordance with the advertised closing date.

Generally one (1) application per organisation per year can be submitted, however in certain circumstances more than one application may be permitted. If your organisation is seeking to submit multiple applications, please contact Healthway.

## 8. HOW DO WE LODGE AN APPLICATION FOR SPONSORSHIP?

In order to lodge an application for sponsorship, your organisation will need to complete the following steps:

- i) Check that your organisation and project/event are eligible to apply for Healthway sponsorship by completing the *Eligibility Checklist* contained within the *Application Form*.
- ii) Discuss your proposal and application with Healthway prior to submitting your application.
- iii) Complete the Health Promotion Sponsorship – \$5,000 - \$50,000 *Application Form*. The form can be obtained from Healthway’s website – [www.healthway.wa.gov.au](http://www.healthway.wa.gov.au) or by calling **08 9476 7000 (toll free 1800 198 450)**.
- iv) Complete the relevant sections of the *Application Form* and submit to Healthway prior to the relevant closing date. The below table provides details as to the relevant sections of the *Application Form* that should be completed.

| Sponsorship objective for which you are applying for: | Mandatory Sections to Complete  | Optional Sections to Complete |
|---|---------------------------------|-------------------------------|
| Message Promotion                                     | Part A, B, <b>C(i)</b> , D, E   | Part C(iv)                    |
| Healthy Participation                                 | Part A, B, <b>C(ii)</b> , D, E  | Part C(iv)                    |
| Structural Reform                                     | Part A, B, <b>C(iii)</b> , D, E | Part C(iv)                    |

## 9. WHAT MILESTONE PAYMENTS ARE ASSOCIATED WITH THE SPONSORSHIP?

All organisations that receive sponsorship will be paid in accordance with milestone payments. The following tables provide a summary of the milestones that are applicable to the objectives associated with sponsorships.

### Message Promotion

| Milestone                                    | Weighting |
|--|-----------|
| Sponsorship Commencement                     | 60%       |
| Based on deliverables agreed with Healthway* | 30%       |
| Final Project Report                         | 10%       |

### Structural Reform

| Milestone                                    | Weighting |
|--|-----------|
| Sponsorship Commencement                     | 50%       |
| Based on deliverables agreed with Healthway* | 40%       |
| Final Project Report                         | 10%       |

### Healthy Participation

| Milestone                | Weighting |
|--------------------------|-----------|
| Sponsorship Commencement | 90%       |
| Final Project Report     | 10%       |

\* The deliverables associated with milestone payments will be negotiated with Healthway.



## 10. MINIMUM POLICY REQUIREMENTS FOR ALL SPONSORSHIP GROUPS

The following minimum requirements must be incorporated into an organisational health policy to be implemented by all sponsored organisations as a condition of sponsorship:

- i) All indoor and outdoor areas under the control of the sponsored organisation must be maintained as smoke-free.
- ii) Healthy food and drink options must be available should catering be provided at the activity or event.
- iii) Free drinking water must be available at the activity or event.
- iv) Adequate sun shade must be available, where applicable.
- v) Safe warm-up practices for physical activity must be adhered to, where applicable.
- vi) Alcohol or unhealthy food/drink (or vouchers for same) must not be provided as prizes or awards.
- vii) Low strength alcohol and non alcoholic choices must be available should alcohol be available at the activity or event.

## 11. SPECIAL CONDITIONS RELATING TO CO-SPONSORSHIP

Healthway will generally not sponsor organisations in arrangements (direct or indirect) resulting in the promotion of unhealthy brands or messages. Healthway uses the term ‘co-sponsors’ to refer to other brands or messages that undermine Healthway objectives or health promotion returns. Healthway uses a risk assessment to determine whether any existing sponsorship arrangements constitute a co-sponsorship problem.

The application of the co-sponsorship policy will vary depending upon which of the sponsorship objectives is selected as part of your application. The following table provides an overview as to how the co-sponsorship policy will be applied to the sponsorship categories should a co-sponsorship issue be identified.

| Sponsorship Category  | Application of the co-sponsorship policy   |
|-----------------------|--|
| Message Promotion     | Healthway will enter into message promotion sponsorships in qualified circumstances where the sponsored organisation has given an undertaking to phase out these arrangements over a specific transition period. |
| Healthy Participation | Healthway may enter into healthy participation sponsorships, upon the condition that assurances can be made that the sponsored event or activity is quarantined from unhealthy brands or messages.               |
| Structural Reform     | Depending upon the nature of the structural reform sponsorship, Healthway may prohibit point-of-sale promotion of unhealthy products.  |

### 1. ELIGIBILITY CRITERIA

Please check each box to confirm whether your organisation meets the specific eligibility criteria below. If your application does not fulfil all of the criteria please contact Healthway to discuss whether you are eligible to apply.

|  |                          |
|--|--------------------------|
| Your organisation is incorporated, a company or statutory body.  | <input type="checkbox"/> |
| Your organisation <u>does not</u> accept any form of funding from tobacco companies or their related foundations; either directly or indirectly.   | <input type="checkbox"/> |
| Your organisation has fulfilled all previous acquittal requirements for Healthway funded programs.   | <input type="checkbox"/> |
| Your organisation conforms with relevant State and Federal legislation (e.g. Working with Children (Criminal Records Checking), Liquor Control, and Drugs in Sport).                               | <input type="checkbox"/> |
| Your organisation is not a school applying for an activity that is part of the core curriculum.  | <input type="checkbox"/> |
| The application <u>does not</u> seek sponsorship solely for capital works, major equipment, fundraising or purchase of infrastructure costs associated with running an organisation.               | <input type="checkbox"/> |
| The application <u>does not</u> seek sponsorship for overseas / interstate travel and tours, or activity occurring outside Western Australia.  | <input type="checkbox"/> |
| The application <u>does not</u> seek sponsorship for project(s)/event(s) which involve the advancement or promotion of a religion or religious outlook or the recruitment of people to a religion. | <input type="checkbox"/> |
| The application <u>does not</u> seek sponsorship for project(s)/event(s) which involve the advancement or promotion of a political organisation or political outlook.                              | <input type="checkbox"/> |
| The application <u>does not</u> seek sponsorship for camps, conferences, videos and publications, uniforms, and personal playing equipment, unless they are clearly part of a wider project.       | <input type="checkbox"/> |
| The application <u>is not</u> seeking sponsorship for boxing or any activity that allows the deliberate targeting of the head within the rules.  | <input type="checkbox"/> |
| Your organisation can supply ABN or completed 'Statement of Supplier' form.  | <input type="checkbox"/> |
| Your organisation has appropriate Health and Safety Policies and Guidelines to appropriately deliver the project/event.  | <input type="checkbox"/> |



## Application Form

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### PART A – ORGANISATION INFORMATION

#### A.1 ORGANISATION DETAILS

**Organisation Name (*Legal name*):**

Address for correspondence:

Postcode:

Website of organisation / project / event (as most applicable):

#### A.2 CONTACT PERSON

Title (Mrs, Ms, Miss, Mr, Dr, Prof etc):

First Name:

Last Name:

Position:

E-mail:

Mobile:

Fax:

Telephone Wk:

Hm:

#### A.3 GST INFORMATION

Australian Business Number (ABN):

(If no ABN, please complete and attach an ATO 'Statement by Supplier Form' – if eligible)

Is the organisation registered for GST?    Yes     No

(If your organisation is registered for GST, Healthway will gross-up the approved sponsorship for GST liability upon the issue of a Recipient Created Tax Invoice).

#### A.4 PROOF OF INCORPORATION OF THE ORGANISATION

Is the organisation:

- i) Incorporated under the Associations Incorporation ACT 1987?
- ii) A Company (e.g. Pty Ltd under the Corporation Act 2001)
- iii) A Statutory Body (e.g. School, Public Health Unit, Local Govt etc)

**NB: If the organisation is not one of the above please contact Healthway to determine eligibility.**



## A.5 BANK ACCOUNT DETAILS

Name of Account:

Name of Institution:

BSB:

Account Number:

## A.6 PUBLIC LIABILITY

Will your organisation have public liability insurance cover for the duration of the project(s)/event(s)?

Yes  No

If **Yes**, what is the level of public liability cover?

If **No**, please state why?





## PART B – GENERAL SPONSORSHIP INFORMATION

### B.1 PROJECT TITLE

a) Please provide the title of the proposed project(s)/event(s):

*Table will expand for text.*

### B.2 PROJECT DESCRIPTION

a) What type of sponsorship is being sought for the project(s)/event(s):

Sports and Racing

Arts

b) Please provide a brief overall summary of the proposed project(s)/event(s):

*Table will expand for text.*

c) Please complete the following table providing relevant particulars on the project(s)/event(s) proposed to be sponsored:

| Project / Event to be sponsored | Description of project/event | Duration / Frequency / Occurrence<br><small>(E.g. How long is the event? How many times does the event occur?)</small> |
|---------------------------------|------------------------------|--|
| <b>1.</b>                       |                              |  |
| <b>2.</b>                       |                              |  |
| <b>3.</b>                       |                              |  |
| <b>4.</b>                       |                              |  |

d) Please select one or more of the following location categories in which the project(s)/event(s) will be held, and list a sample of the locations (**maximum of three**):

| Location Category<br><small>(Please tick relevant categories)</small>   | Specific Locations<br><small>(Please list a maximum of three locations)</small> |
|---|---|
| <b>Remote community(s):</b> <input type="checkbox"/><br><i>An isolated location with a population of generally less than 200.</i> | 1.<br>2.<br>3.  |



|   |                |
|---|----------------|
| <b>Rural community(s):</b> <input type="checkbox"/><br><i>Locations outside of capital cities, regional centres and that are <u>not</u> remote locations.</i>   | 1.<br>2.<br>3. |
| <b>Regional centre(s):</b> <input type="checkbox"/><br><i>Regional Centres include: Albany, Broome, Bunbury, Busselton, Geraldton, Kalgoorlie and Mandurah.</i> | 1.<br>2.<br>3. |
| <b>Perth metropolitan area(s):</b> <input type="checkbox"/>   | 1.<br>2.<br>3. |

e) Is this a new project(s)/event(s)? (i.e. has not previously been undertaken): Yes  No

### B.3 KEY DATES

To assist Healthway with the ongoing management of the sponsorship, please indicate on the table below (or as an appendix in your application) the date and location of activities for which sponsorship is sought.

**Note:** if you are applying for multi-year funding, please complete the table for each year in which sponsorship is being sought.

|  | <u>Dates</u><br><i>(Please list the relevant dates below)</i> | <u>Venue / Location</u><br><i>Please list the relevant venue/locations below</i> |
|--|---|--|
| <b>Project Start:</b>                                |   |  |
| <b>Key Activities:</b><br><i>(Please list below)</i> |   |  |
| 1.   |   |  |
| 2.   |   |  |
| 3.   |   |  |
| 4.   |   |  |
| <b>Project Finish:</b>                               |   |  |

a) If required, please provide brief commentary that may assist Healthway in understanding the data provided:

*Table will expand for text.*

### B.4 PROJECT REACH

Healthway is interested in how many people will be involved in the project(s)/event(s) and how many people it will reach, particularly those in our priority groups.

In the case of organisations that are seeking sponsorship for a range of different project(s)/event(s) figures should be aggregated.

**Participants:** includes all people who will actively participate in a sponsored program/event.



**Audience / Spectators:** people who specifically come to watch the sponsored project/event and are not involved as participants or organisers. Please do not include people watching the activities on television at home.

a) Please complete the following table with the anticipated numbers of participants and audience/spectators\*:

**Note:** if you are applying for multi-year funding, please complete the table for each year in which sponsorship is being sought.

| ANTICIPATED NUMBERS   |              |        |                       |        |
|-----------------------|--------------|--------|-----------------------|--------|
| Age Group             | Participants |        | Audience / Spectators |        |
|                       | Male         | Female | Male                  | Female |
| Children 12 and under |              |        |                       |        |
| Youth 13 – 17         |              |        |                       |        |
| Adult 18 – 54         |              |        |                       |        |
| Senior 55 and over    |              |        |                       |        |

\*Anticipated numbers should only include the number of individuals that will be exposed to the project/event. Each participant, audience member or spectator can only be counted once. The anticipated numbers should not include multiple exposures that an individual has to the project/event.

The anticipated numbers provided will form part of the evaluation and acquittal report completed for the sponsorship.

b) Will the project(s)/event(s) result in multiple exposures to the total population? (e.g. multi-week program to the same audience)

Yes

No

c) How did you generate the total?

Current members/participants

Market research

Previous or similar project(s)/event(s)

Estimated

## B.5 PRIORITY POPULATIONS

Healthway has identified the following priority population groups:

- Young people and children (*people aged 17 years or under.*)
- Indigenous people (*people of Aboriginal or Torres Strait Islander descent.*)
- Rural and remote communities (*people living outside the Perth metropolitan area or major regional centre.*)
- Disadvantaged groups where inequalities exist (*including economic, social, educational or cultural disadvantage*)

a) Please complete the following table with the anticipated number of both participants and audience/spectators from Healthway priority population groups:



**Note:** if you are applying for multi-year funding, please complete the table for each year in which sponsorship is being sought.

| PRIORITY POPULATIONS      |                   |                              |                      |
|---------------------------|-------------------|------------------------------|----------------------|
| Young people and children | Indigenous people | Rural and remote communities | Disadvantaged groups |
|                           |                   |                              |                      |

## PART C – SPONSORSHIP TYPE AND OBJECTIVE

### C.1 SPONSORSHIP OBJECTIVE

Please select one of the following three objectives as the focus of Healthway sponsorship:

Message Promotion

(If you select Message Promotion please only complete section C.1(i) of Part C – Sponsorship Type and Objective.)

Healthy Participation

(If you select Healthy Participation please only complete section C.1(ii) of Part C – Sponsorship Type and Objective.)

Structural Reform

(If you select Structural Reform please only complete section C.1(iii) of Part C – Sponsorship Type and Objective.)

Organisations may also nominate **additional actions** that address secondary objectives in addition to the primary objective selected. These additional actions will be considered in the application assessment process and be included as part of the contractual obligations.

**Should your organisation wish to propose additional actions please provide particulars in section C.1(iv) of Part C – Sponsorship Type and Objective.**

#### i) Message Promotion (Complete if applicable)

a) Please identify which of the following message promotion opportunities is proposed:

Naming Rights  Principal  Major Sponsor

Please detail other message promotion opportunities that will be implemented in conjunction with your project(s)/event(s), and details as to the relative position of Healthway in comparison with all other sponsors and funders of the proposed project(s)/event(s).

*Table will expand for text.*



b) Select one or more of the following marketing methods that will be used by your organisation to promote the project(s)/event(s):

- |                     |                          |                         |                          |
|---------------------|--------------------------|-------------------------|--------------------------|
| Program advertising | <input type="checkbox"/> | P/A Announcements       | <input type="checkbox"/> |
| Website             | <input type="checkbox"/> | Project / Event signage | <input type="checkbox"/> |
| Television          | <input type="checkbox"/> | Advertising flyers      | <input type="checkbox"/> |
| Radio               | <input type="checkbox"/> | Mentors                 | <input type="checkbox"/> |
| Newspaper           | <input type="checkbox"/> | Other:                  | <input type="checkbox"/> |

c) Please provide relevant particulars as to any sponsorship or support (monetary or otherwise) that may result in the promotion of alcohol, food or drink products in association with any activities of the applicant organisation:

*Table will expand for text.*

## ii) Healthy Participation (Complete if applicable)

A requirement to receive sponsorship for healthy participation is that the organisation will need to deliver project(s)/event(s) that provide increased opportunities for active participation, with a preference for participation of Healthway priority population groups.

a) Please identify the specific strategies that will increase opportunities for active participation, and how the participation of Healthway priority population groups will be maximised (if applicable):

*Table will expand for text.*

b) Please provide relevant particulars as to any sponsorship or support (monetary or otherwise) that may result in the promotion of alcohol, food or drink products in association with the applicant organisation's project(s)/event(s) to which this application relates:

**iii) Structural Reform**  
*(Complete if applicable)*

A requirement to receive sponsorship for undertaking structural reform is that the project(s)/event(s) will need to undertake structural reform of a **substantial nature**. In addition to the substantial structural reform proposed in the table below, minimum structural reform standards will be required in accordance with Section 10 of the *Application Guidelines*.

a) Please select a minimum of three (3) of the following structural reform options:

|   | Will Introduce           |
|---|--------------------------|
| <b>NUTRITION</b>  |                          |
| Our food will comply with a traffic light system whereby a maximum of 30% <i>red</i> foods and a minimum of 40% <i>green</i> foods will be provided.*     | <input type="checkbox"/> |
| Our food will comply with a traffic light system whereby all vending machines will have no more than 30% <i>red</i> foods.*                               | <input type="checkbox"/> |
| Removal of point of sale promotion for all <i>red</i> foods.  | <input type="checkbox"/> |
| <b>ALCOHOL</b>  |                          |
| Alcohol consumption will be restricted to the bar area only, or a substantially reduced portion of the licensed area.*<br><br>Please describe the reform: | <input type="checkbox"/> |
| All bars will be closed at least 30 minutes before the end of the event/function.   | <input type="checkbox"/> |
| The number of alcoholic drinks per person per service will be limited to 2.   | <input type="checkbox"/> |
| Removal of point of sale alcohol promotions.  | <input type="checkbox"/> |

\* Indicates that this structural reform option is of a higher priority to Healthway.

b) Please outline any additional structural reforms that you wish to undertake:

Table will expand for text.

c) Please provide relevant particulars as to any sponsorship or support (monetary or otherwise) that may result in the promotion of alcohol, food or drink products in association with any activities of the applicant organisation:



#### iv) Additional Actions

*(Complete if applicable)*

Organisations are able to put forward additional actions that will be undertaken as part of the project(s)/event(s) that will address (secondary) Healthway objectives.

- a) What other actions will be undertaken by your organisation that will support the objective selected?

*Table will expand for text.*

### PART D – BUDGET INFORMATION

#### D.1 REQUESTED FUNDING

**Note:** Healthway will consider offering sponsorship for up to a maximum of three years.

- a) Please provide the following budget particulars:

|                        | <b>Total cost of project/event:</b> | <b>Total requested from Healthway:</b> |
|------------------------|-------------------------------------|--|
| Year 1                 | \$                                  | \$                                     |
| Year 2 (if applicable) | \$                                  | \$                                     |
| Year 3 (if applicable) | \$                                  | \$                                     |

For details relating to the milestone payments associated with the sponsorship, please refer to Section 9 of the *Application Guidelines*.



**D.2 BUDGET (INCOME AND EXPENDITURE)**

- a) Please provide the following particulars:
  - i. Income associated with the overall project(s)/event(s)
  - ii. Distribution of the sponsorship funding request from Healthway across the expenditure categories provided in the table below.\*

**Note:** Healthway will generally underwrite the financial risk associated with implementing the structural reform. If applicable, please include particulars in the table below.

| Income associated with the overall project(s)/event(s)                | \$ | Expenditure of Healthway sponsorship funds<br><i>(*Total should equal the total requested funding from Healthway)</i> | \$ |
|---|----|---|----|
| Participants / Audience / Spectators fees                             |    | General administration expenses (postage, telephone etc)  |    |
| Merchandise / Program sales   |    | Advertising (TV, print, radio)  |    |
| Organisation's contribution   |    | Printing / Promotion  |    |
| Grants / Sponsorship  |    | Professional fees   |    |
| <i>Organisation Name</i> <i>Confirmed (Y/N)</i><br><br>1.<br>2.<br>3. |    | Running costs   |    |
|   |    | Venue Hire  |    |
|   |    | Travel / Accommodation  |    |
|   |    | Catering  |    |
|   |    | Equipment hire/purchase (please specify)  |    |
| Other income (please specify)   |    | Other costs (please specify)  |    |
| <b>TOTAL:</b>   |    | <b>TOTAL:</b>   |    |





## PART E – APPLICANT’S DECLARATION

### E.1 STATEMENT OF CONTENT AND SOLVENCY

The Applicant represents and declares that this application for sponsorship does not contain any false or misleading claim or statement.

The Applicant represents and declares that the organisation is solvent in that it is capable of paying its debts as and when they fall due.

Signed for an on behalf of *[Insert name of organisation/company, ABN and ACN if applicable]* by:

*[Name]*

*[Position]*

*[Signature]*

The signatory warrants that he/she has the authority to bind *[Insert name of organisation/company]*.

### CHECKLIST – check that you have

|   |                          |
|---|--------------------------|
| Met the closing date requirements?.   | <input type="checkbox"/> |
| Completed all sections of the proposal, providing information in all the areas specified.                   | <input type="checkbox"/> |
| Included your organisations’ ABN and indicated if registered for GST.                                       | <input type="checkbox"/> |
| Retained a copy of the application for your records.  | <input type="checkbox"/> |
| Posted the signed hard copy of application to Healthway.  | <input type="checkbox"/> |
| Sent an electronic copy to <a href="mailto:healthway@healthway.wa.gov.au">healthway@healthway.wa.gov.au</a> | <input type="checkbox"/> |

Healthway does not accept late application or applications sent by email or facsimile transmission.

Post your application to:

Healthway  
PO Box 1284  
WEST PERTH WA 6872

Or hand deliver to:

Ground Floor  
24 Outram Street  
WEST PERTH WA