



## ACE Advanced Programme Subscription Form

Please send the course material (manuals, DVD's & assessment materials) for The ACE Advanced Programme, (*Supporting the Older Person*) being produced by Health Ed Trust NZ Inc. We acknowledge that copyright for the course materials remains with Health Ed Trust NZ Inc.

Name of Organisation: .....  
(this name will be on all certificates)

Street Address: .....  
.....

Postal Address: .....

Type of Service: (tick)  Rest Home, Retirement Village or Hospital  Specialized Dementia Unit  
 Nursing or Recruitment Agency  Home Based Support  Other .....

Contact Person: .....

Telephone: ..... Fax: .....

Email: .....

The **Subscription Fee** per location for this course is: (including GST)

	Price	Or two payments of
Members of HealthCare Providers NZ	\$1,290	\$645
Non Members of HealthCare Providers	\$1,540	\$770

Please make your cheque payable to Health Ed Trust NZ Inc. or Direct bank payment to ANZ Bank, Christchurch 010797 0203664 00 – please detail organisations name or Invoice no.

*I agree that the ACE Advanced Programme, (Supporting the Older Person) education materials are only to be used to educate employees of the organisation specified on this subscription form, and I hereby warrant that this material will not be copied for or used by other individuals or locations.*

*We agree to provide the equipment and premises required for education and training and I hereby warrant that the premises meet the requirements of the Resource Management Act 1991, the New Zealand Building Code to the extent required by the Building Act 1991 and that we comply with the Health and Safety in Employment Act 1992.*

Signature of organisation proprietor (or representative) .....Date.....

Send this completed form with your cheque to:

**Health Ed Trust NZ Inc**  
**PO Box 130184**  
**Christchurch 8141**  
GST 79-962-503