



ACE Dementia Programme Subscription Form

Please send the course material (manuals, DVD's & assessment materials) for the ACE Dementia 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) GST No. 79-962-503

	Price	Two payments of
Members of NZ Aged Care Association	\$1,290	\$650

Please make your cheque payable to Health Ed Trust NZ Inc. or Direct bank payment to ANZ Bank, Christchurch 01-079-0203664-00 please detail organisations name or Invoice no.

I agree that the ACE Dementia Programme 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 Owner/Manger (or representative) _____ Date _____

Send this completed form with your payment to:

Health Ed Trust NZ Inc
PO Box 130184 , Christchurch 8141