



## ACE Core Programme Subscription Form

Yes, we wish to receive the course material (manuals, videos & assessment materials) for the ACE Core Programme, being produced by Aged Care Education (a subsidiary of Health Ed Trust NZ Inc). We acknowledge that copyright for the course materials remains with Health Ed Trust NZ Inc.

Name of Facility:.....

Facility Street Address:.....

Facility Postal Address:.....

Type of Facility: (tick) Rest Home only  Hospital only  Rest Home & Hospital

Specialized Dementia Unit  Retirement Village  Other .....

Contact Person:.....

Phone:.....Fax:.....Email:.....

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

	Cash Price	Two payments (Six monthly)
Members of HealthCare Providers NZ	\$1,340	\$720
Non members HealthCare Providers NZ	\$1,590	\$855

HealthCare Providers NZ member **Yes / No** Total amount of attached cheque \$.....

**Please make your cheque payable to Health Ed Trust NZ Inc.**

**Note:** If you are a multi-facility owner:

- 1) Please put details of each facility on a separate sheet - the subscription cost listed above is for each facility. Course certificates will only be supplied to employees of subscribing homes, on successful completion of the course.
- 2) Discount for group facilities. For 5 to 9 facilities, the discount is 5% per subscription. For 10 or more facilities, the discount is 10% per subscription.

### Warranties

*We agree that the ACE Core Programme education materials are only to be used to educate employees of the facility specified on this subscription form, and I hereby warrant that this material will not be copied for or used by other individuals or facilities.*

*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 facility proprietor (or representative) .....Date.....

Send this completed form with your cheque to:

**Health Ed Trust NZ Inc**

**PO Box 130184**

**Christchurch**

**GST 79-962-503**