

# APPLICATION FORM



Please complete information in the table below.

<input type="checkbox"/> Tick this box to apply for Network membership only	<input type="checkbox"/> Tick this box to apply for accreditation	<input type="checkbox"/> Tick this box to apply for recognition of practice		
Name of organisation				
Main contact name				
Job title of main contact				
Address				
Phone number				
Email address				
Sector/industry				
Size of organisation	<input type="checkbox"/> Small <50 employees annual turnover of less than \$10 million <input type="checkbox"/> Medium 50-200 employees annual turnover more than \$10+ million <input type="checkbox"/> Large 200+ employees annual turnover \$100+ million			
Number of employees (approx.) in each Australian State/Territory	ACT	SA	QLD	NT
	NSW	VIC	WA	TAS
Are you registering on behalf of the whole organisation or a department/office?	<i>(Please specify)</i>			
<b>AGREEMENT</b>				
I have read and agree to the Terms and Conditions of accreditation				
Name				
Position				
Signature			Date	

*Application forms that are incomplete will not be accepted and will be returned to the applicant for resubmission.*

Please send this completed form to [info@carersandemployers.org.au](mailto:info@carersandemployers.org.au)  
 Alternatively print and post to Carers + Employers c/o Carers NSW  
 PO Box 785  
 North Sydney NSW 2059

A representative from Carers NSW will be in contact with you once your form has been processed.

OFFICE USE ONLY			
Date Received		Reference Number	
Name			
Signature			