



Aboriginal Health Council of Western Australia

Use of the Aboriginal Liaison Program Logo

Complete this form when engaging designers and where the Aboriginal Liaison Program logo is required to be used.

Applicant Details

Name:	
Organisation:	
Phone:	
Email:	

Designer Details

Company:	
Contact Name:	
Phone:	
Email:	
Web:	

Purpose

Purpose for which the Aboriginal Liaison Program logo is required:

Signatures

Applicant Signature:		Date:	
In signing the above, I accept responsibility for the correct use and representation of the Aboriginal Liaison Program logo. I acknowledge that approval of the application is granted with the understanding that the logo will be used for the purpose stated in this application and not used contrary to the purpose, misused, stored, copied or manipulated.			

Designer Signature:		Date:	
Permission to use the logo is granted for the purposes specified in this request and is provided on the understanding that no other use shall be made of the logo nor will it be distributed contrary to this purpose, or misused, stored, copied or manipulated. Please delete the logo from your digital files once you have completed the task.			

Fax form to: Attention Kim Hawkett (08) 9228 4759