Please **email** the completed Resource Order Form to:

healthpromotion@purchasepoint.com.au

or **fax** to 8234 0988

or **post** to: Purchase Point Australia

 10 Aristotle Close

 GOLDEN GROVE 5125

 

**Get Healthy Information and Coaching Service®**

Print Resource Order Form for South Australia

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **CODE –*****Office* use only** | **Maximum per order** | **Quantity ordered** |
| Small Leaflet – pad of 100  | GH008 | 10 |  |
| Flyer – DL single page | GH011 | 50 |       |
| A3 Poster  | GH012 | 10 |       |

**Please complete the following details.**

|  |  |
| --- | --- |
| **Contact person** | **Position** |
|       |       |
| **Organisation name**  |
|       |
| **Street address** (PO Box not suitable)      | **Suburb**      **Postcode**       |
| **e-mail address** | **Telephone** |
|       |       |
| **Date items are required** (allow 7 to 10 working days to be processed) |       (dd/mm/yy) |
| *If items are required for a specific date (e.g. event), ensure you allow a minimum of 10 working days before this date for your items to be available for collection or received.* |
| **Complete this section below if you wish to collect the resources from the warehouse  (*Purchase Point Australia,* 10 Aristotle Close GOLDEN GROVE 5125)** |
| **Name of person collecting the resource(s)**  |
|       |
| **Date to be collected**  |  |
|       (dd/mm/yy) |  |
| **e-mail address** | **Telephone** |
|       |       |

**Your answers to the questions below will assist SA Health to manage resources for the Get Healthy service.**

**1. Type of organisation** *(Please tick)*

|  |  |
| --- | --- |
| [ ]  Community organisations, Local Government (Councils), and Community and neighbourhood houses and centres | [ ]  SA Health – LHN / Hospital / Community Health / GP Plus |
| [ ]  Medicare Locals / Primary Health Networks / GP Networks  | [ ]  Health – PrivateGP / Allied Health / Hospital  |
| [ ]  State Government departments or programs | [ ]  Education - University, TAFE |
| [ ]  Other *(Please describe)*      |

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