

**Final Report from Sponsorship Recipient**

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| Sponsorship final report | Sponsorship recipients are required to provide a final report of the outcomes of the sponsored activities against the sponsorship guidelines. The sponsorship agreement requires sponsored organisations to submit a Final Report **within six weeks of the completion date**.  Please fill in this template and submit your Final Report via email to  **info@qmhc.qld.gov.au** or post to **PO BOX 13027, George Street Brisbane QLD 4003** |
| Sponsorship guidelines | The Commission is committed to supporting events, conferences and other activities that:   * support outcomes and Shared Commitments to Action under the [*Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*](http://www.qmhc.qld.gov.au/work/queensland-mental-health-and-drug-strategic-plan/) * encourage and contribute to knowledge sharing and exchange about what works to improve the mental health and wellbeing of Queenslanders. |

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| **SECTION 1 RECIPIENT DETAILS** | | | | | | | | | | | | | | | | |
| **1.1 ORGANISATION** | | | | | | | | | | | | | | | | |
| Organisation name (the sponsorship recipient) | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  |
| **1.2 CONTACT PERSON** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Activity/project contact person** | Title | | Mr | | | | Ms | | Other (please specify) | | | |  | | | |
| Given names | | |  | | | | | | | | | | | | |
| Family name | | |  | | | | | | | | | | | | |
|  | Telephone | Work | | | (     ) | | | | | Home | | (     ) | | Fax | (     ) | |
|  | Mobile | | | |  | | | | | Email | |  | | | | |
|  | | | | | | | | | | | | | | | |  |
| **1.3 ORGANISATION’S ADDRESS DETAILS** | | | | | | | | | | | | | | | | |
| **Street address** |  | | | | | | | | | | | | | | | |
| Suburb/town |  | | | | | | | State | | |  | | | Postcode | |  |
|  | **Tick here** if your postal address is the same as your street address | | | | | | | | | | | | | | | |
| **Postal address** |  | | | | | | | | | | | | | | | |
| Suburb/Town |  | | | | | | | State | | |  | | | Postcode | |  |
| Website address |  | | | | | | | | | | | | | | | |

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| **SECTION 2 SPONSORSHIP SUMMARY** | | | | | | | | |
| **2.1 INITIATIVE SUMMARY** | | | | | | | | |
| **Title of the initiative** | | |  | | | | |
| **Short summary of the initiative** | | |  | | | | |
| **Date of the initiative** | | | Start date | Finish date | | | |
| **Location of the initiative** Include town, city, or country if overseas | | |  | | | | |
| **List partners to your initiative** | | |  | | | | |
|  | | | | | |  | |
| **2.2 LEVEL OF SPONSORSHIP SUPPORT** | | | | | | | | |
| **Total sponsorship provided ($) excl. GST** | | | $ | | | | |
|  | | | | | | | * **GO TO 2.3** | |
| **2.3 IN-KIND SUPPORT** | | | | | | | | |
| Outline any in-kind support you received from the Commission as part of your sponsorship. | | | | | | | | |
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| **SECTION 3 DELIVERED INITIATIVE** | | | | | | | | |
| Please provide details of the delivered sponsored activity. | | | | | | | | |
| 1. **Activities delivered.** Outline the specific initiative/activities the sponsorship was used to fund, attaching photographs. | | | | | | | | |
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| 1. **Attendance figures.** Detail the attendance figures for your event. | | | | | | | | |
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| 1. **Marketing.** Provide an overview of the marketing delivered (leading up to and including the event). Please provide copies and/or photos of any advertising, marketing materials, signage, booths, media mentions, etc. to demonstrate recognition of QMHC sponsorship. | | | | | | | | |
|  | | | | | | | | |
| 1. **Engagement.** Provide details of audience engagement, including website hits for your event, number of subscriptions, social media reach (shares and likes on Twitter, Facebook, other) and/or audience survey results. | | | | | | | | |
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| 1. **Outcomes.**  Please outline the outcomes **achieved** from the sponsored initiative. | | | | | | | | |
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| **SECTION 4 SPONSORSHIP BENEFITS** | | | | | | | | |
| **4.1 SPONSORSHIP BENEFITS DELIVERED** | | | | | | | | |
|  | | | **REQUESTED**  **Tick those that apply** | **DELIVERED**  **If not delivered, please explain reasons for non-delivery**. | | | | |
|  | | | Naming rights as principal sponsor |  | | | | |
|  | | | Logo |  | | | | |
|  | | | Signage |  | | | | |
|  | | | Acknowledgement |  | | | | |
|  | | | Merchandise distribution / satchel insert |  | | | | |
|  | | | Guest or keynote speaker |  | | | | |
|  | | | Chair/participate in panel discussion or plenary session |  | | | | |
|  | | | Complimentary tickets, registration or attendance |  | | | | |
|  | | | Trade exhibition booth |  | | | | |
|  | | | Mention in media release, marketing materials and social media |  | | | | |
|  | | | Other (e.g. surveys or market research results) |  | | | | |

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| **SECTION 5 SUPPORTING MATERIAL** | | | |
| **NOTE:** Please provide relevant supporting materials in electronic format.  All supporting material must be labelled with your Organisation’s name, address and clear details of artists and tracks or works. | | | |
| The Commission sometimes reproduces information regarding sponsorships in other publications (e.g. annual report, eNewsletter, website, social media).  **Do you give permission for materials provided, such as photographs or event information, to be reproduced in print, online or social media?** | | | |
|  | Yes |  | No |
| **SUBMIT YOUR REPORT via email to info@qmhc.qld.gov.au or post to PO BOX 13027, George Street Brisbane QLD 4003** | | | |

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| **SECTION 6 CERTIFICATION** | | | |
| **5.1 ALL RECIPIENTS** | | | |
| **I, the undersigned, certify that** | | | |
| * The statements in this final report are true and correct to the best of my knowledge, information and belief. * I consent that information provided in this final report may be used for training, systems testing or process improvement purposes by the Commission. | | | |
| Name in full |  |  |  |
| Position in organisation |  |  |  |
| Signature |  | Date | / / |
|  | The person signing warrants they have authority to sign on behalf of the organisation |  |  |

2015/5622

Queensland Mental Health Commission

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