# Community Partner Registration Form

To become a Community Partner or Community Supporter of the Emerging Leaders in Governance Program (ELGP), please complete the following registration form and return to Southcare by email to enda.f@southcare.org.au

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|---|---|
| Organisation Name: | |
| CEO/Board Chair: | |
| Email: | |
| Organisation Program Contact | |
| Email: | |
| Phone: | |

**Partnership Commitment**

To support the long-term sustainability of ELGP, Community Partners are invited to make a three-year commitment to the program, with annual partnership contributions confirmed each year.

Please tick:

☐ We confirm our organisation's intention to support ELGP for three consecutive years, with annual confirmation of partnership level and contribution.

☐ We would prefer to commit for one year.

**Partnership Level**

Please select your preferred partnership level:

☐ **Platinum Partner** — $25,000 per annum
Ideally suited to philanthropic foundations, corporates and sector leaders seeking to make a significant investment in the future of community governance.

☐ **Gold Partner** — $10,000 per annum
Ideally suited to not-for-profit and community organisations investing in board renewal, governance diversity and future sector leadership.

☐ **Silver Partner** — $5,000 per annum
Ideally suited to community organisations that believe in the program purpose and want to build their connection to the next generation of governance leaders.

☐ **Community Supporter** — $2,500 per annum
Ideally suited to smaller community organisations, local partners and values-aligned supporters wanting to contribute to the future of community governance.

### Payment Method

To organise the first year's payment, please indicate your preferred option:

☐ Please issue an invoice.

☐ Payment by cheque. Please make cheque payable to Southcare Inc.

☐ Electronic Funds Transfer
Account Name: Southcare Inc
BSB: 066141
Account Number: 10002521
Reference: ELGP – [Organisation Name]

### Program Involvement

To maximise your sponsorship opportunities, please share ways your organisation would like to be involved. Please note opportunities are aligned to the selected partnership level and subject to program capacity, suitability and agreement with the ELGP Program Director.

### Platinum Partner

☐ Host or co-host an ELGP event, site visit or workshop

☐ Participate in a major ELGP event through acknowledgement, speaking or panel involvement.

☐ Promote board, committee or advisory vacancies to the ELGP cohort and alumni network as a priority.

☐ Receive an annual impact update and strategic briefing on ELGP outcomes, alumni appointments and governance pipeline trends.

☐ Nominate staff or board members to attend selected ELGP events, subject to program capacity.

### Gold Partner

☐ Contribute to a program session, panel, site visit or networking activity, where aligned with the partner's interests and availability.

☐ Promote board or committee vacancies to the ELGP cohort and alumni network as a priority.

☐ Nominate staff or board members to attend selected ELGP events as guests or observers, subject to program capacity.

☐ Participate in blog or social media recognition as a Gold Community Partner.

### Silver Partner

☐ Promote board or committee vacancies to the ELGP cohort and alumni network.

☐ Attend selected ELGP events, with up to two tickets available subject to venue and program capacity.

☐ Engage with ELGP participants through available program engagement opportunities.

### Community Supporter

☐ Promote board or committee vacancies to the ELGP alumni network.

☐ Attend one selected ELGP event, with up to two tickets available subject to venue capacity.

### Other Involvement

Please specify any other way your organisation would like to support or engage with ELGP:

### Authorisation

I confirm that the organisation wishes to become an ELGP Community Partner or Community Supporter and understands that the partnership contribution will support the ongoing sustainability, scholarships and delivery of the Emerging Leaders in Governance Program.

Name:

Position:

Signature:

Date: