

Membership Application 2025-26

Applicant Details

(All fields required unless stated otherwise)

| | | Organisation details | |
|---|----------------------------------|---|--|
| | Full title of organisation: | | |
| | ABN: | | |
| | Street address: | | |
| | Postal address: | | |
| | Phone: | | |
| | Admin/accounts email: | | |
| | Website: | | |
| This link will be | Job listings webpage (optional): | | |
| advertised on the PeakCare website. | CEO or delegate contact details | | |
| | First and last name: | | |
| | Position: | | |
| | Phone (mobile): | | |
| | Email: | | This contact will |
| | | Key point of contact details (if different from CEO) | receive member updates and may be invited to |
| | First and last name: | | share your organisation's views on relevant |
| | Position: | | topics. |
| | Phone (mobile): | | |
| | Email: | | |









Description of services

| and wellbeing of children and young people and/o | | | | |
|---|--|---|--|--|
| Organisation service details • This our | | | | |
| Service types offered Select all services your organisation currently provides. | Geographical reach Select all regions your organisation currently provides services. | our advocacy and sector initiatives based on the services you provic and where you provide them. | | |
| Residential care Foster & kinship care Family support Early intervention Aboriginal and Torres Strait Islander community-controlled services Disability or mental health supports Youth justice Housing or homelessness Education or training programs Other: | Brisbane and Moreton Bay South-West Qld South-East Qld Sunshine Coast and/or Central Qld North Qld Far North Qld Statewide National Other: | | | |



Reasons for applying for membership

| Plea | se succinctly describe your organisation's reasons for applying to become a PeakCare Member. |
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| | |
| Su | pporting documentation |
| Whe | n submitting your application for membership, please provide copies of the following: |
| | latest Annual Report |
| | last financial statement clearly stating income for the previous financial year |
| | your organisation's Constitution |
| You | may also elect to provide copies of: |
| | any available brochures or similar materials that describe your organisation's services |
| | any other relevant materials in support of your application |
| | |
| Ple | ease note that the PeakCare Board will not consider applications that are not accompanied by |
| | sufficient supporting documentation and may request your supply of further information. |



Membership payment tiers

PeakCare uses a six-tiered membership payment schedule that takes account of variations in the capacity of organisations to financially contribute to and support the work of PeakCare. The following table describes the six-tiered payment schedule and indicates each tier's annual fee. Please indicate the payment tier to which your organisation would belong if your application for membership is approved.

| | Membership tier | Annual fee (net) | GST | Annual fee payable | Tick box |
|----|--|---------------------|-----------|-----------------------|-------------|
| А. | Organisations with gross revenue totalling less than \$1M per annum * | \$ 184.50 | \$ 20.50 | \$ 205.00 | |
| В. | Organisations with gross revenue totalling between \$1M and \$2M per annum* | \$ 306.00 | \$ 34.00 | \$ 340.00 | |
| C. | Organisations with gross revenue totalling between \$2M and \$4M per annum * | \$ 1,165.50 | \$ 129.50 | \$ 1,295.00 | |
| D. | Organisations with gross revenue totalling between \$4M and \$6M per annum* | \$ 1,980.00 | \$ 220.00 | \$ 2,200.00 | |
| E. | Organisations with gross revenue totalling between \$6M and \$8M per annum * | \$ 2,754.00 | \$ 306.00 | \$ 3,060.00 | |
| F. | Organisations with gross revenue totalling more than \$8M per annum * | \$ 3,555.00 | \$ 395.00 | \$ 3,950.00 | |

^{*}Gross revenue is ALL income irrespective of its source

*Organisations delivering human services additional to those that are child protection related are permitted to select a tier based on their own calculation of the proportion of their organisation's gross revenue that is directed to the delivery and managerial, administrative and corporate support of children's care and/or family support services. For example, an organisation may be involved in delivering residential care services for children, family support programs and aged care services in Queensland. Its gross revenue may be derived from a mix of Federal and State Government grants, fees for the services it delivers and corporate sponsorships and donations. Based on figures from the previous year, the organisation may calculate that the proportion of its \$10 million revenue expended on the delivery, managerial and corporate support of its residential care services for children and family support programs equates to 50% (i.e. \$5 million per annum). In this case, the organisation would belong to Tier D and pay an annual membership fee of \$2,200. Organisations delivering services outside of Queensland are permitted to select a tier based on their own calculation of the proportion of their organisation's gross revenue that is directed to the delivery and managerial, administrative and corporate support of children's care and/or family support services within Queensland. For example, an organisation may be involved in delivering foster care service in three States including Queensland. Its gross revenue may be derived from a mix of State Government grants and donations. Based on figures from the previous year, the organisation may calculate that the proportion of its \$14 million revenue expended on the delivery, managerial and corporate support of its foster care services within Queensland equates to 20% (i.e. \$2.8 million per annum). In this case, the organisation would belong to Tier C and pay an annual membership fee of \$1,295.

Pro rata fee schedule

PeakCare provides for pro rata fee rates as applications are received throughout the course of the financial year.

- Applications endorsed July to December will be invoiced the full fee
- Applications endorsed from January to March will be invoiced 50% of the full fee
- Applications endorsed April to June will receive 15 months membership for the cost of 12 months



Advice to be provided to applicant

Following consideration of your application by PeakCare's Board, advice about the outcome will be emailed to the signatory to your application. If the application is endorsed, a request will also be made of your organisation to nominate a Representative who will serve as your voting delegate.

To be signed by CEO or delegate

| I confirm that I am properly authorised to submi name of organisation) | t this application for membership on behalf of (enter |
|--|--|
| I confirm that all information contained within the documentation is true and accurate. | his application and the submitted supporting |
| If this application for membership is approved, I and to abide by the rules outlined in PeakCare's | agree to support the aims and objectives of PeakCare Constitution. |
| Signed: | Date: |
| Name (please print): | |
| A copy of PeakCare's Constitution can be emailed website. | d to you on request or can be accessed via PeakCare's |

How to submit your application

Thank you for completing this application for membership. Please send the completed application and all supporting documentation to:

Email: office@peakcare.org.au

Postal address: PeakCare Queensland Inc, GPO Box 1719, Brisbane QLD 4001

Ensuring the privacy of organisations that submit applications for membership and the confidentiality of the information they provide in support of their application is important to PeakCare. The management of personal information is undertaken by PeakCare in accordance with the Information Privacy Act 2009 and relevant confidentiality provisions in the Child Protection Act 1999 and related policies of the Department of Families, Seniors, Disability Services and Child Safety. Information collected within this form and all documents submitted in support of your application will be used for the purpose of informing the consideration given to your application by members of PeakCare's Board of Governance By signing this application you approve the use of information collected under 'Organisation Services Details' for the purpose member engagement and advocacy initiatives. The application form and supporting documentation will be securely stored and only members of PeakCare's Board and PeakCare staff with responsibilities for the secure storage and maintenance of records relating to the activities and decision-making of the Board will have access to the submitted application form and supporting documentation.