

**Gatekeeper Request Form**

**Advertising Event**

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|  | |
| **Full name:** |  |
| **Institution:** |  |
| **Position:** |  |
| **Email address:** |  |
| **Phone number:** | Business: Mobile: |

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|  | | | | | |
| **Title of event/item** |  | | | | |
| **Purpose of request** | | distribute information about an education event of interest  Other, please specify: | | | |
| **Website (if applicable):** | | | | |  |
| **Please outline details of request** | | | | | |
| **Please attach relevant documentation** | | | | | |
| **Has this event been approved by a professional body?** | | | | | |
| **Preferred distribution method**  Please place on the AusACPDM website in the most relevant section, including a “news” item on the home page  *Please indicate what date message should be removed from the website:*  Please include this message in the next quarterly AusACPDM newsletter  Due to time constraints this message would require a stand-alone email, sent in a specific timeframe *(please specify)* | | | | | |
| **Would you like this promoted on Twitter?** | | | Yes | **Please include any twitter handles (e.g. @AusACPDM) or relevant #’s to include within the tweet:** | |
| No |
| **Preferred distribution messaging:**  AusACPDM communications team may adapt the messaging and include the relevant information and links.  Due to constraints the messages must be distributed exactly as written. | | | | | |

**Acknowledgements:**

Information will be distributed to members electronically.

The communication will be distributed once only to members.

If information needs to be distributed more than once, for example a reminder, this should be completed on a separate request.

For event advertising only: The AusACPDM does not endorse any information presented at this event.

*All gatekeeper requests must be approved by the Professional Development & Communications Committee of the AusACPDM. The AusACPDM reserves the right to decline a gatekeeper request if it does not fall within the guidelines for appropriate member communication.*

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| **FOR OFFICE USE ONLY** | | | | |
| **Name of Reviewer/s:** | |  | | |
| **Approved by professional body?** | | Yes  No | Comments: | |
| **All conditions acknowledged** | | Yes  No | Comments: | |
| **Suitable for AusACPDM members** | | Yes  No | Comments: | |
| Specific subgroup: | | |
| **Approval to place on website and/or twitter** | | Yes  No | | |
| **Approval to email to members** | | Standalone email | | Include in newsletter |
| Message adapted | | Message sent as is |
| **Request approved** | **Request denied** | | | **More information sought** |
| **Notes:** | | | | |