HEALTH ISSUES CENTRE

2016 ANNUAL REPORT

FRAMES OF REFERENCE - EXPLORING CONSUMER PARTICIPATION
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CHAIRPERSON’S REPORT

It is very pleasing to report that this year has been a year of significant growth, I could safely even say exponential growth. We have nearly doubled our staff whilst we also continue to employ consultants on an as-needs basis. For an organisation the size of the Health Issues Centre this demonstrates substantial growth. Our growth reflects the changing environment but also the Board’s vision and determination to transform the health system. This could only be realized under the leadership and vision applied by our current Chief Executive Officer and his staff.

Such growth can come at a price and we are cognisant that we also need to consolidate and ensure that these changes are effectively embedded within our organisation and also in the health system. Maintaining that balance has been tricky at times however, so far we have been ably maintaining it. Like with all capable and mature organisations we have assessed the risk and mitigated it whilst keeping our business running smoothly.

Externally we have seen significant change. Too much change though can have some negative impacts and over the last year we have seen a culmination of significant reviews and changes broadly impacting on Acute Health Services, Primary Health, Mental Health, Aged Care and Disability. Inevitably there are always unexpected outcomes which impact on the delivery of service and that means on consumers. At times these unexpected outcomes can be experienced negatively by patients, consumers and carers. Anecdotally consumers are telling us that the changes when implemented with limited planning and with little or no consumer input can have adverse effects on their health and well being.

There has been significant demand put upon us as an organisation to participate in health system change. As an organisation it is gratifying to be experiencing such demand for participation and input into reviews, committees, surveys, focus groups, consultancies and participation partners.

At times though the demand has stretched our resources to full capacity and we have had to be selective in what we participate in and what we choose not to be involved in.
It is very pleasing to be reporting that we have developed a range of projects which we feel will assist in transforming the health system and place the consumer at the centre. An example has been the Advance Care Planning Project event in October “Unspoken: What will become of me?” The project was sponsored by the Department of Health and Human Services. This project was an immensely successful event engaging thousands of community members in a variety of ways. We are also in the process of developing capacity building training units in the areas of co-design and clinical governance. Consumers need to be adequately trained to participate effectively in building and transforming the health system in meaningful ways to achieve better outcomes. Co-design is the new catch phrase and we need to ensure that we are clear on what is meant by co-design and how consumers can be active co-designers. We have launched a first time project entitled Practice Partners where we sought applications from the sector for projects. The successful applicants will be announced at this year’s AGM. The response to our request seeking submissions was most gratifying as it demonstrates the considerable interest and commitment in the field to working effectively with consumers and carers. Our CEO will provide further details on all of our work in his report. Suffice it to say that this has been an immensely rewarding year for the Board as it supported all of the above mentioned projects and others to achieve its vision and strategic directions.

On behalf of the Health Issues Centre I would like to thank the Department of Health and Human Services for their ongoing support for some of our core projects which we would not have been otherwise able to deliver. It has been a true working partnership and we hope that this coming year this working partnership will be even stronger as we consider further opportunities for consumer, carer and community participation.

I would like to thank my co-directors for their support and commitment to our vision and strategic direction. We have had a range of interesting discussions at our Board meetings as we tried to unpack complex issues and determine the best way to move forward. We have been fortunate to have a full and stable board with no changes over the last 12 months which is of great help to our work.

On behalf of the Board I would like to express our thanks to our Chief Executive Officer, Danny Vadasz, and his staff. They have achieved a remarkable year demonstrating commitment to our work and vision and willing to undertake new ventures as they arose. In an environment where change seems to be constant the staff got on with their jobs and ensured that we had a successful year where we delivered improvements to consumers, carers and community.

Last but not least I would like to thank our consumers, carers and community who engaged with us and participated on a range of requests for their involvement on a raft of projects. Your participation is critical to the changes that we are all trying to achieve. It is your voice that government responds to and as your voice gets stronger increasingly the health system will truly become person centred engaging you in meaningful co-design for better health and safety outcomes.

In terms of our future direction we are hoping to build on what we have already achieved by also further strengthening our partnership with consumers and working with those diverse communities that we all find harder to reach opening pathways for them to participate in meaningful ways.

Sophy Athan
CHAIR
CEO’s REPORT

In last year’s Annual Report I signalled our plans for an ambitious program for 2015/16. I foreshadowed a HIC that would be a leader in innovative practice, offer a broader suite of capacity building opportunities and develop new pathways to engagement that would focus on giving voice to those who have no say. I’m pleased to report on how we have delivered on those ambitions.

Capacity Building
In addition to our established suite of offerings, HIC is developing four new consumer training modules. The first two: Clinical Governance and Co-Production are in testing phase and will be offered from early 2017. Two other modules: Consumers in research and Consumers and Quality and Safety are scheduled for launch before the end of 2017.

Practice Partners
HIC has identified an enthusiasm for innovative consumer partnerships among health services but also a deficit of resources and expertise. To this end we have recently launched our Practice Partners program to support health services, community organisations and peak bodies in innovative projects promoting Person Centred Care and Consumer Engagement. The first call for submissions attracted 13 worthy applications. Our first four successful applicants will be announced at the AGM. As you will see they reflect a diversity of health service location, size and originality.

Clearing House
In support of its role as a catalyst of innovation, HIC has taken on the role of a clearing house, ensuring that innovative projects will be disseminated and adapted to local circumstances. As well as promoting case studies through its web-site the HIC Journal has been revamped as a chronicle of best practice and thought leadership.
Pathways to Engagement

While HIC is eager to improve Health Literacy for all, it also recognises the need to overcome existing barriers to participation. We are very proud of a number of novel and ground-breaking initiatives we have piloted:

- **Film production:**
The power of the narrative became all the more powerful this year when we established an in-house film production capacity. Our first short film “I’ll think about it tomorrow”, based on consumer experiences will be screened at the AGM.

- **Social Media:**
HIC finally entered the Social Media space with a bang. Our initial foray into hosting on-line conversations engaged over 70,000 people and demonstrated not only that Social Media is an effective engagement tool but a powerful research tool.

- **Events:**
HIC set an exciting precedent when we created, produced and staged the unique event “Unspoken: What Will Become of Me?” to promote “difficult conversations” around Advance Care Planning. The successful event has firmly established HIC’s credentials as a leader of innovation in the health sector and has generated national as well as regional interest and acclaim.

Recruiting for Diversity

As a commitment to ensuring the voices of marginalised communities are heard, HIC has established the role of Diversity Officer. The organisation has specifically prioritised working with Aboriginal and CALD communities to ensure that their wisdom and perspectives shape the transformation of the health system.

Advocacy

**Consumer inputs into inquiry:**
HIC has moved away from providing expert commentary on behalf of consumers to ensuring that collective consumer wisdom is heard. Our input into the recent review of Hospital Quality and Safety Assurance was based on extensive consumer consultation which informed the 14 recommendations submitted as our report.

**Public advocacy**
HIC’s voice has been absent for some time from public debate around contemporary health issues. As part of our strategy to become an essential media reference point HIC commissioned a Publicist to re-establish awareness of HIC as a participant in public health conversations.

Restructure and recruitment

For the last few years HIC has operated with a very flat organisational structure whereby every staff member has been a direct report to the CEO. To prepare for a period of growth and opportunity we have differentiated our work into separate disciplines to create a scalable structure. This includes creation of two new managerial positions (Manager Communications and Engagement and Operations Manager). We have also expanded our skills base by tapping into University work-placement programs. Both Damien Rogers (Videographer) and Zoe Dragwidge (Social Media Officer) were recruited through Swinburne University and have made significant contributions to our collective efforts.

The year also saw the departure of Emma Sayers who led our early research work in Advance Care Planning.

Future prospects

Much of our work in the last 12 months has been to prepare HIC for a variety of opportunities emerging in the consumer participation space. Throughout the year we have seen an increasing demand for our expertise in policy development, consultation, capacity development and health system reform. We believe we have demonstrated our thought and practice leadership through our initiatives and anticipate a growing role and influence for the organisation in the year ahead.

Danny Vadasz
CEO
STAFF HIGHLIGHTS

In a year packed with diverse opportunities and challenges, Staff have nominated the following activities as their personal highlights:

Training and Development – Tere Dawson

One of our most satisfying achievements for the year was obtaining the re-accreditation of our nationally accredited courses by the Australian Skills Quality Authority. This was the culmination of 18 months of work to ensure the continued delivery of the courses nationally. The Graduate Certificate in Consumer and Community Engagement (10164NAT) and the Course in Consumer Leadership (10163NAT) were successfully delivered during the year in Victoria, New South Wales and Tasmania and they continue to attract interest from health and community sectors with more than 30 courses delivered in the six years since 2010.

Non-accredited training and capacity development were also in high demand with over forty tailored training sessions delivered in metropolitan, regional and rural Victoria to staff, clinicians, Boards, executive teams and consumers and carers with a total of approximately 600 participants.

Peer Leadership Project – Esther Lim

Recognising that this was the third and final year of our Empowering Participation Project, HIC focused the majority of its efforts in sector capacity development and peer support advocacy.

Fifty-nine peer leaders attended our one-day forums in Shepparton and Traralgon. These forums were delivered in partnership with organisations such as Parkinson’s Victoria and Epilepsy Foundation to strengthen the capacity of peer support leaders in consumer leadership as well as to encourage them, and in turn their members, to take an active role in their own health care decisions. We also developed a three-hour Continuing Professional Development session – Chronic Disease Self-Management: Doing it with me not for me – for health professionals. We worked with The Royal Australian College of General Practitioners and Melbourne Primary Care Network to deliver this training to 25 doctors, nurses and practice managers and allied health professionals.

The highlight of this year’s project was certainly the development of two narrative videos and a podcast on peer support and its value in chronic disease self-management. These online advocacy tools would not have been possible without the support and involvement of five peer support groups and nine health-related organisations. Since their launch in June 2016, the videos have garnered over 630 views and received encouraging feedback from the peer support sector.

The videos and podcast are available on Health Issues Centre’s website. We would also like to thank the Department of Health and Human Services for making this project possible through the Health Conditions Support Grant.

Consultations – Susan Biggar

Organisational Consultations

HIC concluded its work with the Royal Australasian College of Physicians to develop a framework and recommend a series of strategies in consumer engagement and patient centred care across the College, in the areas of governance, policy and advocacy, and education. This work involved running a number of consultations across five states and New Zealand with physicians, trainees and consumers. The final outputs of the project were presented to the College Board in May 2016 and accepted by them.

Consumer Consultations

At short notice, HIC organised a consumer consultation with Stephen Duckett and his team to provide input into their deliberations on the quality and, particularly, safety of hospital care in Victoria. HIC also produced a highly regarded written submission to that review.

Other consultations during the year included:
- The Australian Commission on Safety and Quality in Healthcare (NSQHS) commissioned a consultation to provide feedback on version 2 of the NSQHS Standards.
- DHHS commissioned HIC to run a consultation on the implementation of a Pharmacist-Administered Vaccination Program (the program) in Victoria commencing in 2016.
Committee work
I provided consumer input on an ongoing (and short-term) basis to several committees, including judging both the Public Healthcare awards and the Volunteer healthcare awards. I continued to give input to the NHMRC AHPRA project advisory committee and the Royal Children’s Hospital Clinical Quality and Safety Committee.

Consumer Step-Up - Mary Macheras-Magias
This was an action packed year for CSU. Membership steadily grew; requests for consumers peaked significantly over the year and the type of requests were varied. Workshops for consumers ran in Melbourne, Ballarat and planning for Horsham began, we also ran one specifically for Department of Health and Human Services staff; this was also the year of Consumer Consultations (these are listed below); lastly we ran the inaugural Consumer Fest a network event for consumers. We listened and we heard the importance of belonging to a strong consumer network and having the opportunity to come together and share experiences.

One Day Forum
This year we embarked on one of our more ambitiously named forums, Our Fabulous Failures: Learning from the past for better consumer engagement. The aim of the day was not so much about services or individuals ruminating about their mistakes or failures, it was more about the roadblocks along the way and changing direction or thinking to achieve one’s goal and reflecting on the learning from these events.

A highlight of the day was our debate: Consumer Engagement: a failure thus far. It sparked lively discussion and provoked deep thinking about the issues.
GETTING TO KNOW OUR STAFF

DANNY VADASZ  
CEO  
Danny was appointed Chief Executive Officer of Health Issues Centre in November 2014. Prior to this he spent five years with Australian Conservation Foundation, Australia’s foremost environmental agency, as Deputy CEO and Chief Operating Officer/Director of Marketing.

With experience in business leadership, management, communications and marketing Danny has a long history in the health, corporate and not-for-profit sectors. He has worked extensively in health, environmental and social issues promotion, and in developing successful social enterprise initiatives.

Danny has a long and powerful background in community advocacy and is passionate about driving sustainable, positive change. Throughout his career he has demonstrated strong commitment to the consumer voice and to social justice.

He brings energy, knowledge and commitment to achieving better consumer health outcomes with and for consumers.

NICKY BARRY  
SENIOR PROJECT AND CONSUMER SUPPORT COORDINATOR  
Nicky is the go-to person on Community Advisory Committees, Nicky provides support, resources, advice and at times humor to Victoria’s publicly funded health services. She is often called upon for her in-depth knowledge of relevant policies. She also coordinates the Rural Health Consumer Participation Project which aims to foster consumer participation across rural Victorian health services.

Nicky comes to us from the community development sector with extensive experience working with her local community. She has worked with volunteers, cultural and linguistically diverse communities, adult learners, parents, carers and children to develop services they need.

SUSAN BIGGAR  
SENIOR MANAGER, CONSUMER PARTNERSHIPS  
Susan has a passion for encouraging patient and family centred care across Australian health care settings. She leads our training in this, speaking from a strong consumer perspective. Susan launched our Consumers Step Up program, has responsibility for our one-day forums, is involved in policy work and general project management.

She is also a writer who has written for a variety of publications; her first book, The Upside of Down, was released in September 2014. Originally from San Francisco, she has lived in six countries over the past 25 years. She has three sons, two of whom are living with cystic fibrosis.
Tere Dawson
Senior Project Officer, Consumer Participation and Development

Tere has over a decade of experience in consumer engagement and participation practice and research. She has an extensive research and academic background, a Masters of Public Health, Masters and PhD in sociology and anthropology and has published widely. She dedicated a four-year NHMRC Postdoctoral Research Fellowship to undertake research on women’s health and cultural diversity.

Using her Certificate IV in Training and Assessment, she was instrumental in the development of our nationally accredited courses in consumer leadership and engagement. The courses aim to develop the capacity of consumers and the health sector to implement best practice consumer engagement.

Tere manages consultancy, research and tailored training for the health sector and community groups across Australia.

Esther Lim
Project Officer, Consumer Participation Projects

Esther has a passion for encouraging people to play an active role in their own health. For the last three years, she has lead HIC’s Empowering Participation Project which aims to strengthen the important work of consumer peer leaders in Victoria and establish peer support as a vital part of chronic disease care. Esther is Chair of the Chronic Illness Alliance Peer Supporters Network and has a background in public health and health promotion. Since August 2016, Esther has transitioned into a consumer engagement and cultural diversity role. Amongst the many hats Esther wears, she also coordinates our monthly Full Circle newsletter and is actively involved in the development and maintenance of this website.

Esther grew up in food-haven Singapore. Prior to Melbourne, she was developing health education programs and resources for children and adolescents with Health Promotion Board, Singapore.

Mary Macheras-Magias
Coordinator, Consumer Representation and Training

Mary is a HIC staff member who after facing her own health issues took a detour from teaching to become a consumer advocate and trainer. She initially came to HIC as a trainer for the accredited courses but more recently has taken responsibility within the Consumers Step-Up program, one-day forums and the development of new training approaches.

Mary continues her voluntary work as a consumer representative and sits on a number of committees both locally and nationally.

Currently she sits on two Cancer Australia committees: an Expert Group and a working party group; Southern Metropolitan Integrated Cancer Services (SMICS) shared care committee; SMICS Consumer Participation Development Group; during this financial year she was the Chairperson of Cancer Action Victoria; and has previously used her story to co-write, direct and perform in a play highlighting the issues pertaining to younger women with breast cancer.
SOUZI MARKOS  
SENIOR ADMIN OFFICER  
Souzi is the engine that keeps all of us running. She has been with us for over 25 years and has a deep knowledge and understanding of the organisation and its history. She is responsible for all administrative functions and provides vital support to the CEO and broader team. Souzi is the person that makes sure your enquiries find their way to the relevant staff member. So, if you have a question, why not give her a call?

SHANE O’MEARA  
Finance Officer  
As our Finance Officer, Shane is the most important person in the organisation every second Tuesday (payday).

ZOE DRAGWIDGE  
Communications Officer  
Zoe Dragwidge is in her second year of a Bachelor of Health Science (Health Promotion) at Swinburne University and is undertaking a six month placement with Health Issues Centre.  
As Communications Officer, Zoe is taking on a variety of responsibilities. These include liaising with a range of health and community organisations, contributing to editorial pieces in the health care sector and implementing a successful social media campaign. More recently, she was involved in the planning and supervision of HIC’s advance care planning event *Unspoken (What Will Become of Me?)*.

DAMIEN ROGERS  
Videographer  
Damien Rogers is a final year Swinburne student enrolled in a Bachelor of Film and Television. Since March 2016 Damien has been on student placement and is producing video content for internal and external usage. This involves filming and editing content such as speaker presentations, events and interviews.

Damien is particularly interested in increasing in highlighting the consumer and health care professional perspectives to the broader health sector.

EMMA SAYERS  
SENIOR PROJECT AND POLICY MANAGER  
to June 2016
With a strong interest in mental health, disability, the aged and women’s health, Sophy has been an advocate in the health sector for over 13 years. She has presented at conferences and workshops on consumer and carer perspectives. She is also a member of several health service committees and Chairs a number of consumer and carer committees.

She is the Director of her own company, Euroforce Music. Prior to this she was a senior public servant in both state and local governments.

PETER CASH
TREASURER
Peter is a Chartered Accountant operating his own consultancy practice. He has considerable experience working in both England and Australia, in the retail sector and in the meat industry.

Semi-retired, Peter is also on the Board of a cooperative medical practice in the Western suburbs.

LAUREN CORDWELL
BOARD MEMBER
Lauren Cordwell has extensive health policy, strategy, community engagement and business development experience in the health and community sectors. She is the National Manager at the Royal Australian College of General Practitioners where she has responsibility for Aboriginal and Torres Strait Islander Health and Rural Health.

Lauren has completed a Bachelor of Health Science (Honours) degree, a Masters of Public Health and a Post Graduate Diploma of Management.

Lauren joined the Health Issues Centre Board in October 2015.
He has served as Presidential Member of the Federal Administrative Appeals Tribunal and, for some years, sat on the Victorian Health Commissioner’s advisory committee.

Graham has been the inaugural Australian Banking Ombudsman and has also chaired the Superannuation Complaints Tribunal.

**DEMOS KROUSKOS**  
**BOARD MEMBER**  
Demos is currently the Chief Executive Officer of North Richmond Community Health. He is also a Director at the Centre for Culture, Ethnicity & Health. He has held senior positions in the health care sector including Executive Officer at Preston/Northcote District Health Council.

Demos’ professional interests include health and cultural diversity, refugees and migrant health, indigenous health, and the development of ethical health care practice.

**GRAHAM MCDONALD**  
**BOARD MEMBER**  
A lawyer by background, Graham has experience running administrative reviews on consumer-related matters across State and Federal Governments, and private entities operating in Aboriginal affairs, banking and superannuation.

**LIZA NEWBY**  
**BOARD MEMBER**  
Liza is a passionate consumer consultant and advocate with over 20 years’ experience in the health system - mainly in public policy and governance. Originally with a legal background, her professional life has been characterised throughout by her strong commitment to promoting and building consumer and patient centred health care.

Her personal experiences, while recovering from a major haemorrhagic stroke some 19 years ago, have helped her understand the difficulties for consumers navigating the health system.

**REBECCA POWER**  
**BOARD MEMBER**  
Rebecca Power is the Principal Project Manager, Better Care Victoria Australia. Rebecca is a qualified social worker and has worked in health settings across Australia, England and New Zealand. Rebecca has a Masters in Health administration and roles have included team and service manager, project management, and Director of allied health.

Rebecca has a keen interest in planning and strategy, and a passion for innovation and service development that supports the partnering with consumers agenda. Rebecca has published articles on both data mining (with a homelessness focus) and experience based co-design in a workforce redesign setting.
PETER RUZYLA
BOARD MEMBER
Peter has a background in Educational Psychology and Health Services Management, with wide experience in the education and health sectors as a service provider, manager and policy advisor. Peter is currently the CEO of EACH Social and Community Health which provides a wide range of primary health care, mental health, counselling, disability, employment services, aged care services across Victoria, NSW, ACT, Qld and Tasmania. Peter is also CEO of EACH Housing Limited, a subsidiary company of EACH and a registered Housing Provider.

Peter has been in CEO/Director roles for over 25 years. Peter’s governance experience includes having been Chair and Director of several not for profit organisations and peak bodies such as Care Connect, VHA, VICSERV, QIP and is also currently a director of VICSERV (peak body for mental health services) and Health Issues Centre. Peter also served on the Board of the East Melbourne Medicare Local. Peter has contributed over many years to a range of Advisory Committees and partnership development through the Victorian Primary Care Partnerships.

ROSE WILLIAMS
BOARD MEMBER
Rose is a passionate consumer representative, having seen both the best and worst of consumer relations in the health care field. She is an active member of the Melbourne-based young women’s breast cancer support group Boob Club. She is a keen advocate of continuous improvement in both policy design and implementation of patient-centred health care.

Rose works professionally in the publishing industry, working with scholarly organization to develop the impact of their journal publishing programs.

Photos: Kristian Gehradte
MEMBERS & SUBSCRIBERS

MEMBERS
Rebecca Allen
Sophy Athan
Maria Anne Berry
Peter Cash
Lauren Cordwell
Chronic Illness Alliance
Melissa Coulson
Darebin Community Health
Twanny Farrugia
Marie Gill
Kim Hider
Inner South Community Health Services
Val Johnstone
Demos Krouskos
La Trobe Community Health
Tony McBride
Graham McDonald
Sally McRae
Janny Maddern
Patricia Magee
MonashLink CHS
Liza Newby
Denise Parry
Marie Piu
Rebecca Power
Natalie Ross
Peter Ruzyla
Salvo Connect Social Services
Leonie Short
Eleanor Sumner
Yoland Wadsworth
Pamela Williams
Rose Williams
Women’s Health Victoria

SUBSCRIBERS
Department of Parliamentary Services, Library
Monash University Library
Our Lady of Mercy College
Parliament of Victoria, Library
WorkSafe Victoria
University of Newcastle

LIFE MEMBERS
Meredith Carter
Kay Currie
Marilyn Hage
Bill Newton
Michele Plane
Jane Sydenham-Clarke
Lois Woodward (deceased)
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For the Year Ended 30 June 2016

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Health Issues Centre Inc.
ABN 96 599 565 577

Statement of Comprehensive Income
For the Year Ended 30 June 2016

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<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>1,129,493</td>
<td>1,045,741</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(743,059)</td>
<td>(672,685)</td>
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<tr>
<td>Depreciation and amortisation expense</td>
<td>(27,333)</td>
<td>(15,503)</td>
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<tr>
<td>Administration expenses</td>
<td>(92,218)</td>
<td>(68,613)</td>
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<tr>
<td>Consultants’ expenses</td>
<td>(10,469)</td>
<td>(38,159)</td>
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<td>Professional fees</td>
<td>(52,045)</td>
<td>(36,178)</td>
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<td>Consumables</td>
<td>(39,980)</td>
<td>(64,373)</td>
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<tr>
<td>Other expenses</td>
<td>(47,816)</td>
<td>(65,417)</td>
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<tr>
<td>Surplus for the year</td>
<td>116,573</td>
<td>84,813</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>116,573</td>
<td>84,813</td>
</tr>
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The accompanying notes form part of these financial statements.
# Statement of Financial Position

**As At 30 June 2016**

<table>
<thead>
<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## ASSETS

### CURRENT ASSETS
- Cash and cash equivalents
  - 4: $943,393
  - 5: $20,541
- Trade and other receivables
  - 6: $4,906
- Other assets

### TOTAL CURRENT ASSETS
- $968,840

### NON-CURRENT ASSETS
- Property, plant and equipment
  - 7: $39,960

### TOTAL NON-CURRENT ASSETS
- $39,960

### TOTAL ASSETS
- $1,008,800

## LIABILITIES

### CURRENT LIABILITIES
- Trade and other payables
  - 8: $102,976
- Employee benefits
  - 9: $62,867
- Other liabilities
  - 10: $107,600

### TOTAL CURRENT LIABILITIES
- $273,443

### NON-CURRENT LIABILITIES
- Employee benefits
  - 9: $18,611

### TOTAL NON-CURRENT LIABILITIES
- $18,611

### TOTAL LIABILITIES
- $292,054

### NET ASSETS
- $716,746

## EQUITY
- Contributed equity
  - $420,875
- Accumulated surplus
  - $295,871

### TOTAL EQUITY
- $716,746

The accompanying notes form part of these financial statements.
### Statement of Changes in Equity
For the Year Ended 30 June 2016

#### 2016

<table>
<thead>
<tr>
<th></th>
<th>Contributed equity</th>
<th>Accumulated surplus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 July 2015</strong></td>
<td>420,875</td>
<td>179,298</td>
<td>600,173</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td>-</td>
<td>116,573</td>
<td>116,573</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2016</strong></td>
<td>420,875</td>
<td>295,871</td>
<td>716,746</td>
</tr>
</tbody>
</table>

#### 2015

<table>
<thead>
<tr>
<th></th>
<th>Contributed equity</th>
<th>Accumulated surplus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 July 2014</strong></td>
<td>420,875</td>
<td>94,485</td>
<td>515,360</td>
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<tr>
<td><strong>Surplus for the year</strong></td>
<td>-</td>
<td>84,813</td>
<td>84,813</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2015</strong></td>
<td>420,875</td>
<td>179,298</td>
<td>600,173</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
# Statement of Cash Flows

For the Year Ended 30 June 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH FLOWS FROM OPERATING ACTIVITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from grants</td>
<td>543,922</td>
<td>506,948</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,032,328)</td>
<td>(1,042,126)</td>
</tr>
<tr>
<td>Receipts from membership subscriptions</td>
<td>5,466</td>
<td>8,469</td>
</tr>
<tr>
<td>Consultancy and other receipts</td>
<td>586,665</td>
<td>438,125</td>
</tr>
<tr>
<td>Interest received</td>
<td>16,584</td>
<td>19,236</td>
</tr>
<tr>
<td><strong>Net cash provided by (used in) operating activities</strong></td>
<td><strong>120,309</strong></td>
<td><strong>(69,346)</strong></td>
</tr>
</tbody>
</table>

| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Purchase of plant and equipment | (2,150) | (77,388) |
| **Net cash used by investing activities** | **(2,150)** | **(77,388)** |

Net increase (decrease) in cash and cash equivalents held | 118,159 | (146,736) |
Cash and cash equivalents at beginning of year | 825,234 | 971,970 |
Cash and cash equivalents at end of financial year | 943,393 | 825,234 |

The accompanying notes form part of these financial statements.
Notes to the Financial Statements
For the Year Ended 30 June 2016

1 Summary of Significant Accounting Policies

   (a) Basis of preparation

   This financial report is a special purpose financial report prepared in order to satisfy the financial reporting
   requirements of the Associations Incorporation Reform Act 2012 of Victoria. The Board of Governance has
   determined that the not-for-profit Association is not a reporting entity.

   The financial report has been prepared on an accruals basis and is based on historic costs and does not take
   into account changing money values or, except where specifically stated, current valuations of non-current
   assets.

   The following significant accounting policies, which are consistent with the previous period unless otherwise
   stated, have been adopted in the preparation of this financial report.

   (b) Income tax

   No provision for income tax has been raised as the Association is exempt from income tax under Division 50 of

   (c) Revenue and other income

   The Association recognises revenue when the amount of revenue can be reliably measured, it is probable that
   future economic benefits will flow to the entity and specific criteria have been met for each of Health Issues
   Centre Inc.’s activities as discussed below.

   When grant and consultancy revenue is received whereby the entity incurs an obligation to deliver economic
   value directly back to the contributor, this is considered a reciprocal transaction and the grant and consultancy
   revenue is recognised in the statement of financial position as a liability until the service has been delivered to
   the contributor, otherwise the grant and consultancy fees are recognised as income on receipt.

   Where grant revenue is considered non-reciprocal, it is recognised in the statement of comprehensive income
   on a pro-rata basis following the satisfaction of funding requirements. Expenditures related to the funding are
   taken up when incurred in accordance with the grants’ requirements and in accordance with the agreement.
   Where programs and service agreement are not completed at balance date, the unused proportion of the grant
   funds received is carried forward as grants received in advance to cover expenditures to be incurred after
   balance date.

   Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is
   the rate inherent in the instrument.

   Revenue from the provision of membership subscriptions is recognised on a straight line basis over the
   financial year.

   All revenue is stated net of the amount of goods and services tax (GST).

   (d) Cash and cash equivalents

   Cash and cash equivalents include cash on hand and term deposits held with banks.
1 Summary of Significant Accounting Policies continued

(e) Property, plant and equipment

Plant and equipment is carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

The estimated useful lives used for each class of depreciable assets are:

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Useful Life (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture, Fixtures and Fittings</td>
<td>5</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>3</td>
</tr>
<tr>
<td>Computer Software</td>
<td>3</td>
</tr>
</tbody>
</table>

The assets' residual values, depreciation methods and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

(f) Impairment of non-financial assets

At the end of each reporting period, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income. To 30 June 2016, no impairment losses have been recorded.

(g) Employee benefits

Provision is made for the Association’s liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Those cash flows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

(h) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.
1 Summary of Significant Accounting Policies continued

(i) Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(j) Economic dependence

Health Issues Centre Inc. is dependent on grant funding which comes from the State Government and local sources, for more than half of its revenue used to operate the business. Changes to Government policy at that level can have a direct impact on service delivery. At the date of this report the Board of Governance has no reason to believe the funding will not be continued to support Health Issues Centre Inc.

(k) Adoption of new and revised accounting standards

During the current year, the Association adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory. The adoption of these Standards has not had a significant impact on the recognition, measurement and disclosure of transactions.

(l) New accounting standards for application in future periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Association has decided against early adoption of these Standards, but does not expect the adoption of these standards to have any significant impact on the reported position or performance of the Association.
Notes to the Financial Statements
For the Year Ended 30 June 2016

2 Revenue and Other Income

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Consulting fees</td>
<td>401,417</td>
<td>325,290</td>
</tr>
<tr>
<td>- Interest revenue</td>
<td>16,584</td>
<td>19,236</td>
</tr>
<tr>
<td>- Operating grants</td>
<td>488,137</td>
<td>480,923</td>
</tr>
<tr>
<td>- Member subscriptions</td>
<td>5,466</td>
<td>8,468</td>
</tr>
<tr>
<td>- Training income</td>
<td>215,376</td>
<td>210,134</td>
</tr>
<tr>
<td>- Other revenue</td>
<td>2,513</td>
<td>1,690</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>1,129,493</strong></td>
<td><strong>1,045,741</strong></td>
</tr>
</tbody>
</table>

3 Result for the Year

The result for the year includes the following specific expenses
- Bad debts                     | - | 2,145 |

4 Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>405,030</td>
<td>595,856</td>
</tr>
<tr>
<td>Short-term bank deposits</td>
<td>538,163</td>
<td>229,178</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents</strong></td>
<td><strong>943,393</strong></td>
<td><strong>825,234</strong></td>
</tr>
</tbody>
</table>

5 Trade and Other Receivables

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables</td>
<td>20,541</td>
<td>28,242</td>
</tr>
<tr>
<td>Provision for impairment</td>
<td>-</td>
<td>(165)</td>
</tr>
<tr>
<td><strong>Total current trade and other receivables</strong></td>
<td><strong>20,541</strong></td>
<td><strong>28,077</strong></td>
</tr>
</tbody>
</table>

6 Other Assets

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>3,776</td>
<td>5,750</td>
</tr>
<tr>
<td>Accrued income</td>
<td>1,130</td>
<td>4,452</td>
</tr>
<tr>
<td><strong>Total other current assets</strong></td>
<td><strong>4,906</strong></td>
<td><strong>10,202</strong></td>
</tr>
</tbody>
</table>
# Notes to the Financial Statements

For the Year Ended 30 June 2016

## 7 Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Furniture, fixture and fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>652</td>
<td>652</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(283)</td>
<td>(152)</td>
</tr>
<tr>
<td><strong>Total furniture, fixture and fittings</strong></td>
<td>369</td>
<td>500</td>
</tr>
<tr>
<td><strong>Computer equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>15,238</td>
<td>13,088</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(9,487)</td>
<td>(4,844)</td>
</tr>
<tr>
<td><strong>Total computer equipment</strong></td>
<td>5,751</td>
<td>8,244</td>
</tr>
<tr>
<td><strong>Computer software</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>67,680</td>
<td>67,680</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(33,840)</td>
<td>(11,280)</td>
</tr>
<tr>
<td><strong>Total computer software</strong></td>
<td>33,840</td>
<td>56,400</td>
</tr>
<tr>
<td><strong>Total plant and equipment</strong></td>
<td>39,960</td>
<td>65,144</td>
</tr>
</tbody>
</table>

(a) **Movements in carrying amounts of plant and equipment**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

<table>
<thead>
<tr>
<th></th>
<th>Furniture, Fixtures and Fittings</th>
<th>Computer Equipment</th>
<th>Computer Software</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Year ended 30 June 2016</strong></td>
<td>500</td>
<td>8,244</td>
<td>56,400</td>
<td>65,144</td>
</tr>
<tr>
<td>Balance at the beginning of year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>2,149</td>
<td>2,149</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(130)</td>
<td>(4,643)</td>
<td>(22,560)</td>
<td>(27,333)</td>
</tr>
<tr>
<td><strong>Balance at the end of the year</strong></td>
<td>370</td>
<td>3,601</td>
<td>35,989</td>
<td>39,960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Furniture, Fixtures and Fittings</th>
<th>Computer Equipment</th>
<th>Computer Software</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Year ended 30 June 2015</strong></td>
<td>630</td>
<td>2,629</td>
<td>-</td>
<td>3,259</td>
</tr>
<tr>
<td>Balance at the beginning of year</td>
<td>-</td>
<td>9,708</td>
<td>67,680</td>
<td>77,388</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>(130)</td>
<td>(4,093)</td>
<td>(15,503)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(130)</td>
<td>(4,093)</td>
<td>(11,280)</td>
<td>(15,503)</td>
</tr>
<tr>
<td><strong>Balance at the end of the year</strong></td>
<td>500</td>
<td>8,244</td>
<td>56,400</td>
<td>65,144</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the Year Ended 30 June 2016

8 Trade and Other Payables

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>13,620</td>
<td>-</td>
</tr>
<tr>
<td>Sundry payables and accrued expenses</td>
<td>89,356</td>
<td>66,011</td>
</tr>
<tr>
<td>Total current trade and other payables</td>
<td>102,976</td>
<td>66,011</td>
</tr>
</tbody>
</table>

9 Employee Benefits

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave</td>
<td>50,736</td>
<td>47,657</td>
</tr>
<tr>
<td>Long service leave</td>
<td>12,131</td>
<td>9,331</td>
</tr>
<tr>
<td></td>
<td>62,867</td>
<td>56,988</td>
</tr>
<tr>
<td>NON-CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long service leave</td>
<td>18,611</td>
<td>8,245</td>
</tr>
</tbody>
</table>

10 Other Liabilities

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant and consultancy income in advance</td>
<td>107,600</td>
<td>197,240</td>
</tr>
</tbody>
</table>

11 Commitments

Lease commitments

Operating Leases:

Commitments for minimum lease payments in relation to non-cancellable office rental are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>25,524</td>
<td>13,182</td>
</tr>
<tr>
<td>Between one year and five years</td>
<td>102,094</td>
<td>-</td>
</tr>
<tr>
<td>Total future minimum lease payments</td>
<td>127,618</td>
<td>13,182</td>
</tr>
</tbody>
</table>

12 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

13 Association Details

The registered office of the Association is:
Health Issues Centre Inc.
Level 8
255 Bourke Street
MELBOURNE VIC 3000
Health Issues Centre Inc.
ABN 96 599 566 577

Statement by the Members of the Board of Governance

The Board of Governance has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Governance the financial report as set out on pages 1 to 10:

1. Presents fairly the financial position of Health Issues Centre Inc. as at 30 June 2016 and its performance for the year ended on that date.

2. At the date of this statement, there are reasonable grounds to believe that Health Issues Centre Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the Board of Governance by:

Chair of the Board ..................................  Treasurer ..................................  Peter Cash

Sophy Athan

Dated 22 August 2016
Independent Audit Report to the members of Health Issues Centre Inc.


We have audited the accompanying financial report being a special purpose financial report, of Health Issues Centre Inc. (the Association), which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the members of the board of governance.

Board of Governance’s Responsibility for the Financial Report

The Board of Governance of the Association is responsible for the preparation of the financial report that gives a true and fair view and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Reform Act 2012 of Victoria and are appropriate to meet the needs of the members. The Board of Governance’s responsibility also includes such internal control as the Board of Governance determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Association's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Board of Governance, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Board of Governance’s financial reporting obligation under the Associations Incorporation Reform Act 2012 of Victoria.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional ethical pronouncements.

Auditor’s Opinion

In our opinion, the financial report gives a true and fair view of, in all material respects of the financial position of Health Issues Centre Inc. as at 30 June 2016, and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and Associations Incorporation Reform Act 2012 of Victoria.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Board of Governance’s financial reporting responsibilities under the Associations Incorporation Reform Act 2012 of Victoria. As a result, the financial report may not be suitable for another purpose.

ACCRU MELBOURNE (AUDIT) PTY LTD
Chartered Accountants

22 August 2016

G D WINNETT
Director

ACCRU MELBOURNE (AUDIT) Pty Ltd
Chartered Accountants

Level 1, 123 Camberwell Road
Hawthorn East, 3123
PO Box 268, Camberwell, 3124
Victoria, Australia

Telephone + 61 3 9885 8200
Facsimile + 61 3 9882 1932
Web www.accru.com

Level 1, 123 Camberwell Road
Hawthorn East, 3123
PO Box 268, Camberwell, 3124
Victoria, Australia

Telephone + 61 3 9885 8200
Facsimile + 61 3 9882 1932
Web www.accru.com

Chartered Accountants + Business Advisors
Sydney + Melbourne + Brisbane
Perth + Adelaide + Hobart + Auckland

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