OUR VISION
A world where people with dementia and their families are supported and valued on their dementia journey.

OUR PHILOSOPHY
Dementia is a lived human experience rather than just a biological condition. We therefore embrace and support a holistic, person centred approach that respects the individuality and the experience of those living with dementia.

OUR PURPOSE
To improve the lived experience of those on the dementia journey through our advocacy, leadership, innovation, education, partnerships and holistic, person centred care and support, and to support the pursuit of risk reduction, treatment and cure for dementia.

OUR VALUES
Our passion to improve the experience of those living with dementia is supported by our values of:

» Understanding the unique needs of people with dementia
» Recognising people as our greatest strength
» Investing in partnerships
» Treating people with respect and dignity
» Encouraging innovation and creativity
» Being transparent, accountable and sustainable

OUR CULTURE
We are ONE
We are the ONE dementia expert in WA
We are ONE with those living with dementia
We work as ONE with our partners
We are ONE proud and disciplined team
The last year has been challenging and significant for this organisation in its 35th year.

After months of deliberation in March 2017, the Alzheimer’s Australia WA’s Board decided it would not be part of the unification of all the state and territory Alzheimer’s Australia members, a matter that was discussed with members at last year’s Annual General Meeting.

While the Board supported the national unification in principle, the business model that was adopted by Alzheimer’s Australia did not provide certainty to Alzheimer’s Australia WA over many of its programs and services. It also took away control of our substantial asset base, much of which is mission critical. The decision was not a reflection of a divergence of mission with Alzheimer’s Australia, nor a relationship breakdown.

Alzheimer’s Australia WA hopes to establish a mutually beneficial relationship framework which will support both organisations as we move forward.

With the decision not to join the united national body, in July 2017 Alzheimer’s Australia WA Ltd changed its trading name to Alzheimer’s WA. Along with the change in name came a change in branding.

Alzheimer’s WA, like all aged and disability care providers, is working to adapt to the many changes that the Federal Government reforms are delivering. In aged care, significant changes in community care, consumer directed care and the increasing number of those living with dementia are all impacting on our existing services.

For those with younger onset dementia, all services now fall under the National Disability Insurance Scheme (NDIS). There have been significant issues for people with dementia accessing support in the NDIS pilot program. This is a space that is causing concern and we will continue to lobby and advocate for changes to meet the needs of those under 65 with dementia.

To respond to such large scale reform, the Board has worked with the CEO and senior management to develop a plan to transition our business to meet these challenges. The Business Transformation Plan aims to deliver greater efficiency and productivity to ensure Alzheimer’s WA remains a strong, focussed organisation that can respond to the needs of people living with dementia, provide the leadership required by its mission, and support high quality services delivered with passion and professionalism.

With such an upheaval in how we are funded and earn income, the Board is keen to ensure it provides the leadership and direction necessary to support the sustainability of our organisation into the future.

I would like to thank my fellow Directors for their commitment to such a heavy schedule of meetings throughout the year and for their earnest consideration of the challenges we have faced. In particular, I would like to thank my Deputy Chair Jenny Rogers, who does not hesitate to step in for me when I am unavailable, Treasurer Ian Wells for his leadership in all financial matters, and Dr Michael Preece in his role as Company Secretary.

Rhonda Parker, CEO, and the senior management team, staff and our wonderful volunteers have worked tirelessly to adapt to the new funding environment and at the same time continued to deliver outstanding services. I congratulate and thank them all for their outstanding contribution over the past year.

I also thank the Australian and Western Australian Governments for making the funding available for many of the contracts we deliver. Without their support it would not be possible to deliver these essential services.

Alzheimer’s WA has a proud 35 year history. I’m confident that this year has seen the right decisions made to ensure that we will continue to serve the West Australian community for years to come with the same proud reputation for passionate, professional support, with the task to advocate on behalf of all those who live with dementia first and foremost on our list of priorities.
CEO’S REPORT

This last year has been significant no matter from which lens you view it. The Federal Government’s reform in aged and disability services, the change in our relationship with Alzheimer’s Australia as the other states and territories unify into one organisation, the growth in maturity and range of our services, the increased involvement in our presentations of those living with dementia or our expanded presence in rural and remote Western Australia, all have contributed to a year where we have had to take the value of the past and build it into the opportunities of the future.

The reforms to aged care present opportunity and challenge in equal measure. As a relatively small, specialist organisation we have examined how to use this position in the sector to the advantage of other providers, ourselves, and importantly to those living with dementia. Our commitment is that our single focus will support the development and delivery of leading edge programs and services by specialist dementia experts.

The second big influence this year has been Alzheimer’s WA’s Board making the decision to change their structure and status as the other members of Alzheimer’s Australia unified into a single entity. The Chairman has referred to this in his report.

These two major changes required a plan to respond to the challenges and grasp the opportunities that change creates. The senior management team has responded by developing a multi-faceted plan to transform the business to ensure we can continue to provide advocacy and support for people with dementia for as long as we are needed.

We have revised our corporate statements of purpose, vision and culture. The examination of the strengths of our work has resulted in the choice of ‘the dementia experts’ as our tagline. We will be by the side of those on the dementia journey. For service providers, we will help them become dementia experts too.

The plan going forward is to work where we will have the greatest impact on the lived experience on those with dementia. In all of this, our greatest assets are our relationships - with funders, colleagues in the sector, clients, staff and volunteers.

Alzheimer’s WA continues to have strong relationships and partnerships with Federal, State and Local Governments. We work extensively across the aged and disability sectors and have formal partnerships with more than 50 providers across the State. We have a group of remarkable people who make up the staff and volunteer team. A recent survey of staff recorded that they score well above the norm in commitment, passion, engagement with their task and sense of value about the work they do.

Whether working in the office or isolated in the field, Alzheimer’s WA has a team to be proud of and who uphold the reputation of the organisation each and every day. I am grateful to each of them for their commitment, passion and the quality of their work.

We are a large membership organisation with more than 4,000 members. Our members support us and we seek to inform and support them in a mutually beneficial relationship. Our members are a key source of information and insight. We are grateful to have such a large community of interest committed to the work and future of this organisation.

The Board has put in an extraordinary effort this year. I thank the Directors, particularly the Chairman and members of the Executive team for their commitment to the future of the organisation and for their support.

In closing, in a time where I observe complacency, they spur us on to reach into the future to embrace the challenges to further drive change.

We are and will continue to be an organisation united by our shared passion, driven by the guidance of our clients and focussed on our sustainability to make a difference for as long as we are needed.

Thank you to all who share our mission as we look forward to consolidating our role as dementia experts during this period of great opportunity.

Rhonda Parker
Chief Executive Officer

We have a past and present to be proud of. Alzheimer’s WA delivers the only state-wide Dementia Friendly Communities project in Australia, has one of the largest dementia specialist consultancies in Australia, in partnership with the University of Wollongong delivers some of the broadest programs in dementia design, developed and delivers Australia’s only Certificate IV in Dementia Care, and is recognised as delivering some of the world’s best dementia care settings in our dementia houses.

While these achievements are ones of which we can be proud, rather than support complacency, they spur us on to reach into the future to embrace the challenges to further drive change.

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Rhonda Parker
Chief Executive Officer
Like all good detective stories, the most obvious culprit is rarely the villain. International research efforts in Alzheimer’s disease (AD) have continued apace and reveal ever more fascinating and interacting roles of old and new suspects. These reveal the potential for new treatment and prevention. New models being developed that can diagnose and monitor AD have revealed increasing complexity of how the disease progresses. Prevention trials are underway in those at high risk of AD and planning is underway for true primary prevention trials. Prevention of AD with lifestyle measures remains a key strategy and further research to establish what works on a population basis around the world. A report commissioned by the medical journal, The Lancet, into dementia care provides guidance to governments for providing better holistic care for people with dementia and their carers.

In Agatha Christie’s Murder on the Orient Express, “they all did it.” The pathology underlying AD shows an enormous number of interacting players. The focus has shifted from just beta amyloid, to tau protein to more recent appreciation of the role that the support cells for neurons (microglia and astrocytes) play in neuroinflammation. They can be both protective and destructive, depending on the stage of disease. This is all on a background of a stage variety of genetic variations in important molecules related to receptors, cell signalling, inflammatory molecules and cell metabolism. Just one example: ApoE is a lipoprotein needed for lipid transport and the E4 variant has also been identified as an important risk for AD from genome studies. The ApoE4 and TREM2 in mouse models seems to switch the microglia from a supportive role to a neurodegenerative one, but only where there are already degenerating neurons present. Another recently described role for ApoE4 includes increasing the amount of beta amyloid produced by neurons, where the E4 variant does this more than the E3 and E2; this meshes with existing risk models. ApoE4 also has been shown in mice to bind to insulin receptors on neurons, causing them to be internalised and causing insulin resistance, which contributes to impaired metabolism of neurons. The researchers suggest that this is compelling data which makes ApoE4 a possible therapeutic target: to reduce the accumulation of tau protein and neurodegeneration. It may be effective in other dementias related to tau. Additionally, being able to harness microglia may be effective, depending on the stage of disease: early stages may benefit from increased activity to mop up beta amyloid but later stages might need damping down to prevent further neuroinflammation. Clearly, more work needs to be done.

Methods to diagnose and monitor AD are clearly important, especially in trials to see whether treatments are effective. A new blood test for beta amyloid accumulation was revealed at the Alzheimer’s Association International Conference in London in July. Studies of how quickly beta amyloid is produced in the brain and then flow into blood have revealed that the toxic Aβ42 form appears and disappears quicker in people with existing amyloid plaques on PET scan or determined by CSF, meaning that it is likely being absorbed into plaques. Researchers used mass spectroscopy to analyse the ratio of Aβ42 to Aβ40 levels in people with and without brain plaques and found a ratio above 0.124 separated those without, from those with plaques with 88% accuracy. The study was repeated in another cohort revealing similar results. At this point, the test is better suited to excluding AD, which makes it useful for a screen for people in the early stages.

At the same conference, many studies were reported which utilised brain PET scans showing tau protein, as well as established scans for amyloid, metabolism or atrophy. Overall, these seem to show that amyloid precedes tau deposition, followed by atrophy. Researchers now have a range of biomarkers available, including PET, but recent CSF analyses of beta amyloid, tau and phosphorylated tau among others. A major challenge is to establish how these changes over time to better establish disease activity and stage. The previous notion of an orderly progression of marker change followed by atrophy and functional and cognitive decline is no longer supported. Different biomarkers change at different rates and in different brain regions, as well as being different in younger onset versus older onset. This makes interpretation of biomarker outcomes difficult for trials. Better longitudinal correlation of these changes is required and judging responses to therapies will need several biomarkers.

Despite a lack of response from previous antibody trials aimed at beta amyloid, this remains an active area of research and there are now 12 different antibodies in trial. Some trials have showed hints at responses, so further studies are underway to test the safety of much larger doses e.g. solanezumab. There are also early trials using antibodies targeting tau protein.

A variety of other molecules are being trialled in safety and dose ranging studies, including neprilysin inhibitors (reduces the amount of beta amyloid produced), a gamma secretase modulator (changes type of amyloid produced to non-toxic forms), a phosphodiesterase inhibitor (increases cGMP levels and synaptic activity), and a MAP kinase inhibitor, nefilimopimod (reduces inflammation and stimulates microglia to ingest amyloid). Unfortunately, several other studies were stopped or failed to show responses, including verubecestat (a BACE inhibitor), 2 different SHT6 serotonin antagonists and LMTM which targeted tau.

Researchers at the Alzheimer’s Association International Conference have argued for a primary prevention trial for those at high risk of developing AD, arguing that they have a readily identified group from the Dominantly Inherited Alzheimer’s Network with mutations that result in increased production of beta amyloid that could be prevented by treatment. Use of a BACE inhibitor has been proposed due to them being orally administered, relatively cheap (compared to antibody treatment), that they reduce amyloid production by 80 - 90% with no serious side effects. Both 2 different BACE inhibitors are currently in phase 2 and 3 trials. Progress would be assessed using amyloid PET scans over 5 years. A primary prevention trial in Colombia of about 300 Presenilin mutation carriers with crenzeumab is currently underway but not due to report til 2020. Prevention of cognitive decline is vital to reduce the impact of dementia. Evidence for lifestyle measures is still modest but building. One widely reported study, the Finnish Geriatric Intervention Study in Primary Care Aged 70 Years and Older (FINGER) study, showed significantly improved cognition in older people at risk for AD. This provided them with individualised advice for diet, physiotherapist guided strength and aerobic training, computer-based cognitive training, group meetings to increase social time and more frequent feedback from clinical staff about their progress.

The study will be replicated in several countries to help establish further the benefits of a multimodal intervention. Known as the Worldwide FINGERS, it will be tailored for different populations in the UK, China and Singapore. The USA will run a related study (POINTER) as will Australia in the Maintain Your Brain Study. The Australian study is aimed to be cheaper and more easily carried out on a large scale with the hope of being sustainable.

Also released at the Alzheimer’s Association International Conference was a report, “Dementia: Prevention, Intervention and Care”, commissioned by the respected medical journal, The Lancet. An expert panel summarised current evidence for prevention, as well as prevention factors such as being able to manage the management of people with dementia and their carers. A somewhat controversial estimate of lifelong modifiable risk factors suggested that 35% of cases of dementia are preventable, by addressing risk factors such as smoking, diabetes, hypertension and physical inactivity but also included other factors such as childhood education and mid life hearing loss. Guidelines for managing common problems associated with dementia are made, including psychosis, agitation, apathy, and depression. Consideration to end of life wishes and care is included.

To quote Sherlock Holmes, in The Red Headed League: “It is quite a three pipe problem, and I beg you, Mr. Sherlock, to think of it for fifty minutes.” The extent of work currently undertaken is revealing new insights and provides encouragement that meaningful progress toward managing or at least slowing dementia is underway. It will, for sure, clearly take a few more pipes. P.S The main sources for this report are from www.alzforum.org - a site devoted to reporting advances in dementia research.
On 1 July 2017 Alzheimer’s Australia WA Ltd commenced trading as Alzheimer’s WA with a new brand, logo and vision for the future.

As the dementia experts, Alzheimer's WA works with clients and their families and other organisations to have the greatest impact on the lived experience of those with dementia. We get involved where our expertise can best be put to use, where the challenge for families is greatest, where there is a gap in services, where partner organisations need our help, where we can find best practice to bring home, and where our voice on behalf of and with those on the dementia journey is best heard.

Our Vision
A world where people with dementia and their families are supported and valued on their dementia journey.

Our Values
Our passion to improve the experience of those living with dementia is supported by our values of:
- Understanding the unique needs of people with dementia
- Recognising people as our greatest strength
- Investing in partnerships
- Treating people with respect and dignity
- Encouraging innovation and creativity
- Being transparent, accountable and sustainable

New Brand, Website and Customer Service Support
As a truly Western Australian organisation, our new brand uses the vibrant blue of the Western Australian sky and Indian Ocean, the rich ochre of the North West and our outback with a backdrop of white representing the pristine white sand of the beaches from Kununurra to Esperance.

These colours represent the commitment and focus we have to the State and people of Western Australia, and the promise that we will continue to care, support, educate and advocate for all Western Australians living with dementia.

Our new website, alzheimerswa.org.au, is a valuable resource for information about dementia, our services and the latest news of Alzheimer’s WA.

Our new Customer Service number, 1300 66 77 88, provides a first point of contact for people living with dementia, their families and carers and people wanting more information about dementia.

As we move into the future, our strength and reliance comes from knowing we are an organisation united by our shared passion, driven by the guidance of our clients and focused on our sustainability to make a difference for as long as we are needed. We look forward to continuing the proud history of this organisation that started 35 years ago.
DEVELOPING ON OUR OBJECTIVES

Objective 1: Advocacy
To create a better world for those living with dementia through care, support, research, services and understanding

Alzheimer’s WA, as the leading voice for people living with dementia in Western Australia, continues to advocate for a world where people with dementia and their families are supported on their dementia journey.

Alzheimer’s WA has continued to engage with the media to increase awareness of the challenges faced by people living with dementia. We provide positive news stories of the work Alzheimer’s WA is undertaking as well as the great stories of our clients and dedicated fundraisers.

A highlight of our advocacy to Government occurred on World Alzheimer’s Day 2017 when Rhonda Parker, CEO, assisted Her Excellency the Honourable Kerry Sanderson AC, Governor of Western Australia to host a Governor’s Forum on younger onset dementia at Government House.

Undertaking consultation and advisory roles, our Advocates participated in surveys and provided feedback on the accessibility and design of the Alzheimer’s WA rebrand and new website. Advocates also collaborated with Royal Perth Hospital on their Cognitive Impairment Policy and participated in a Western Australian Interest Group for a three year research project for the Cognitive Decline Partnership Centre.

Dementia Advocates Program
Dementia Advocates continue to be our most influential and powerful voices by delivering a perspective on the lived experience of dementia that can only be provided by those on the dementia journey.

Alzheimer’s WA has 58 Advocates, 10 of whom are people living with a diagnosis of dementia. Our Advocates raised awareness and advocated through media interviews, events and fundraising appeals. Our Advocates presented at education and training workshops, as well as events at Curtin University, the University of Western Australia, and the Governor’s Forum on younger onset dementia at Government House.

Undertaking consultation and advisory roles, our Advocates participated in surveys and provided feedback on the accessibility and design of the Alzheimer’s WA rebrand and new website. Advocates also collaborated with Royal Perth Hospital on their Cognitive Impairment Policy and participated in a Western Australian Interest Group for a three year research project for the Cognitive Decline Partnership Centre.

Dementia Friendly Communities
In 2016/17 Alzheimer’s WA received funding from the WA Country Health Service’s Southern Inland Health Initiative to work with regional communities to develop communities that are dementia friendly. This project built on the previous work that had been done in the Dementia Friendly Communities project, but allowed Alzheimer’s WA to expand to regional Western Australia. While each community project will be different each will include one of following elements:

- Support of organisations who provide paid work or volunteering opportunities
- Sporting clubs and social groups that are welcoming and inclusive
- Adult education facilities that support new learning such as learning a new language or instrument
- Public spaces that are enabling and compensate for the disabilities of dementia

Manjimup and York have been identified as the pilot sites for the first Dementia Friendly Town Communities project. Alzheimer’s WA is working with people living with dementia in the community as well as local business, services and community members in a whole town approach to address stigma, provide education, support and awareness to community members and businesses to respond to the needs and challenges of people living with dementia. The scale of these projects are the first of their kind in Australia. Given stigma is such a big issue for those with dementia, the importance of these projects can’t be underestimated.

We are grateful to the Western Australian Government, Western Australian Department of Health, WA Country Health Service and the local communities for their embrace of this project.

The learnings from these two towns will inform future Dementia Friendly Communities projects.
Objective 2: Awareness and Understanding
Increasing knowledge and reducing stigma

Living with dementia brings significant challenges, with stigma and loneliness being two of the most reported impacts. As part of Alzheimer’s WA’s mandate to support the lived experience of those on the dementia journey, we are committed to raising awareness and understanding as a way to tackle the stigma and misconceptions about dementia.

Alzheimer’s WA delivered a concerted effort in September’s Dementia Awareness Month to coincide with the worldwide promotion of World Alzheimer’s Day on 21 September, with activities reaching over 1.2 million Western Australians. One activity to raise awareness of the issue of stigma was the introduction of five tips to communicate with people living with dementia co-developed with our consumers.

» Talk to me - not their carer, family member or friend. Don’t prejudge my level of understanding.
» Keep questions simple - Providing information in smaller chunks will really help me.
» Body language - Make eye contact and speak clearly, use short sentences, with one idea at a time. Avoid jargon, as I might not understand.
» Be patient and understanding - Sometimes it takes a little longer to process information and find the right answer. Don’t rush, just allow me time to speak.
» Distractions cause disruptions - Less noise and fewer distractions, such as bright lights, will help to focus.

Outside Dementia Awareness Month, advocacy is delivered throughout the year through a full range of communication channels, including over 81,000 visits to our website, 24,000 social media contacts, regular community education and events, public lectures and media and radio campaigns providing information and awareness to the community.

Alzheimer’s WA has also worked with local Western Australian communities as part of the Dementia Partnership Project to educate and raise awareness through international guest speakers, developed relationships with the community and provided information and personal stories to help raise understanding of what living with dementia is really like.

Dementia Awareness Month

<table>
<thead>
<tr>
<th>Major activities</th>
<th>People Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Campaign</td>
<td>322,000</td>
</tr>
<tr>
<td>Media Engagement</td>
<td>870,000</td>
</tr>
<tr>
<td>Social Media and Website</td>
<td>24,216</td>
</tr>
<tr>
<td>Member Promotion</td>
<td>3,421</td>
</tr>
</tbody>
</table>

Reducing Stigma - Dementia Aware Friends

Dementia Aware Friends, a National Dementia Support Program funded initiative, trains volunteers to reduce stigma and create community understanding and awareness of dementia. Volunteers in the program spread the message about dementia to friends, family and members of community. They focus on how it affects people’s lives and how they can make a positive difference to people living with dementia in their community through informal talks and raising awareness. Our Dementia Aware Friends have presented at 56 events, creating a memorable impact.

Michael Verde

Michael Verde, founder of Memory Bridge and renowned speaker and educator from the United States of America, delivered a series of community presentations in July and August 2017. Mr Verde’s presentations to communities throughout Perth, the South West and the Wheatbelt aimed at challenging the stigma faced by people living with dementia.

The transformational presentation provided insight on how to communicate and create meaningful connections with someone with living with dementia. Mr Verde also talked about creating community connection for people living with dementia in Western Australian rural communities, and how every member of a community can help foster a dementia friendly community.

Dr Allen Power

International dementia expert and author, Dr Allen Power, delivered a series of workshops and presentations in Northam and Manjimup in August 2017. The workshops, for aged care and residential care staff, focused on the use of antipsychotics in and outside of care homes, and introduced the Eden Alternative Domains of Well-being™.

Dr Power also delivered a Re-Thinking Dementia presentation to health professionals in the communities. Dr Power challenged the audience to combat the use of antipsychotics by implementing culture change, and suggested the use of a pathway to operationalise the philosophy and embed it into daily processes, policies and procedures.
DELIVERING ON OUR OBJECTIVES

Objective 3: Exemplar Care and Support Services
Leading the way in person centred care

Our passion to support the experience of those living with dementia is underpinned by our commitment to understand the unique needs of people living with dementia. We embrace and support a holistic, person centred approach that respects individuality.

Alzheimer’s WA has a proud history of providing high quality care, understanding and support to people living with dementia and their carers. This includes home and community respite, carer support, counselling programs, education and social support activities, friendship clubs, Men’s Sheds, and the choir and art programs.

Alzheimer’s WA is committed to working with people living with dementia and their families to offer the exemplar care and support services they require. As funding moves to a consumer directed care model and demand for services changes, Alzheimer’s WA will adapt to ensure we continue the high quality, relevant and valuable services our clients have come to expect. During this year, our delivery in this space has continued to expand in scale and consolidate the focus on leading edge, best practice dementia support.

The Enabling Household™ - to enhance wellbeing

Alzheimer’s WA has been evolving the model of dementia care and support in our three day centres over a number of years. In 2016/17, Alzheimer’s WA undertook a comprehensive review of service delivery through the day centres. This resulted in the defining and documenting of The Enabling Household™ model of care.

The Enabling Household™ draws on the principles and philosophies of a number of models and approaches but in particular, the person centred work of Kitwood and Brooker1. It aims to move beyond the illness and diagnosis in the traditional medical view of dementia to redefine the lived experience of dementia and meet the psycho-social needs of the person.

The Households have taken the human habitat philosophy of The Eden Alternative™, and adapted it to suit their purpose. This includes creating a stimulating, familiar space where maintaining a household, feeling useful, having opportunity to care and being engaged in daily activities are critical features of the respite experience.

The Domains of Well-being™ have influenced the model by providing a framework to train staff, measure individual outcomes and develop support plans within a wellness framework for a person living with dementia. This ensures the experience of attending the centre for each individual leads to positive outcomes across the domains of the person’s human needs.

Client and family feedback consistently affirms the benefit of The Enabling Households model at Mary Chester House (Shenton Park), Hawthorn House (Albany) and Ella’s House (Mandurah).

Statistics

<table>
<thead>
<tr>
<th>Service</th>
<th>Delivery</th>
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<tbody>
<tr>
<td>Social support</td>
<td>47,066 hours</td>
</tr>
<tr>
<td>Centre based day care</td>
<td>39,376 hours</td>
</tr>
<tr>
<td>Carer support</td>
<td>2,562 hours</td>
</tr>
<tr>
<td>Counselling (individual sessions)</td>
<td>803 sessions</td>
</tr>
<tr>
<td>Counselling (group sessions)</td>
<td>50 sessions</td>
</tr>
<tr>
<td>Transport</td>
<td>5,936 trips</td>
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<tr>
<td>Living with memory loss</td>
<td>10 programs</td>
</tr>
<tr>
<td>Support groups</td>
<td>101 sessions</td>
</tr>
<tr>
<td>Younger onset dementia key worker program</td>
<td>402 clients</td>
</tr>
<tr>
<td>Choir</td>
<td>49 clients average a month</td>
</tr>
</tbody>
</table>

Consumer Choice, Home Care Packages and the National Disability Insurance Scheme

With the aged care reforms and changes to Home Care Packages that were initiated with the February 2017 ‘Increasing Choice’ legislation, clients now have more choice and control over the services they receive through their Home Care Packages. As a result, Alzheimer’s WA is receiving increased requests from clients to access our services through their Home Care Packages. We do this in partnership with other aged care providers.

Alzheimer’s WA do not manage Home Care Packages directly, but instead, partner with other organisations to deliver the dementia service components. Clients can also choose Alzheimer’s WA to deliver these services through their packages. There are currently 19 formal partnerships with aged care providers in existence under this arrangement.

In 2016/17 Alzheimer’s WA provided nearly 9,000 hours of service provision. The majority of clients already received services from Alzheimer’s WA through the Home and Community Care program and when their needs increased, and they moved to a Home Care Package, they chose to maintain Alzheimer’s WA’s high quality service that had supported them throughout their journey.

As the National Disability Insurance Scheme (NDIS) rolls out throughout Western Australia, Alzheimer’s WA is supporting clients who are under 65 years of age and eligible for support through the Scheme. In 2016/17, 1,500 hours of support services were provided. With the continued roll out of the Scheme this is expected to grow significantly in the next year.

The younger onset dementia Key Worker program provides support for clients under 65, supporting them to test their eligibility and advocating on their behalf. Dementia is new to the disability sector so one of the other important elements in providing support to these clients is capacity building and education of the staff working within the disability sector. The NDIS brings challenges to those with younger onset dementia and Alzheimer’s WA will continue to advocate for those clients in the new system.

Establishing overnight Cottage Respite in Perth

In 2016/17 Alzheimer’s WA received funding from the Commonwealth Government to deliver overnight short term respite outside of a residential care facility, known as Cottage Respite, at Mary Chester House, Shenton Park. Alzheimer’s WA has provided this service in the Great Southern at Hawthorn House, Albany for over 10 years. It is a great opportunity to be able to offer this service in Perth.

Mary Chester House was refurbished to offer three bedrooms available for overnight respite on Monday to Thursday. As demand increases Alzheimer’s WA will assess the opportunity to provide services over the weekend and bring an additional two bedrooms into the service.


DELIVERING ON OUR OBJECTIVES

Objective 4: Teaching, Learning and Capacity Building
Providing knowledge for those living with dementia, their families and carers throughout Western Australia

Alzheimer’s WA is committed to sharing our knowledge and best practice tools with organisations and people providing support to people living with dementia through consultancy, education and training. As the dementia experts we want other organisations to become dementia experts too. Our partnerships and education offerings aim to complement and strengthen other organisations’ dementia services.

As a nationally accredited Registered Training Organisation, Alzheimer’s WA offers a broad suite of educational seminars and workshops for all levels, from entry level to the Certificate IV in Dementia Practice.

This last year has seen the expansion of our consultancy services. Alzheimer’s WA now has one of the largest dementia specialist consultancies in Australia.

Partnerships are the foundation on which we exercise our mandate to help others to become dementia experts. We work collaboratively with partners to assist them with culture change strategies including practice and environmental design changes in community, residential and hospital environments. Our ultimate aim is to make them more enabling and dementia friendly and to enhance the wellbeing of people living with dementia and their carers and families.

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<th>Statistics</th>
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<tbody>
<tr>
<td>Professional training</td>
</tr>
<tr>
<td>Certificate IV</td>
</tr>
<tr>
<td>Volunteer training</td>
</tr>
<tr>
<td>Medical student training</td>
</tr>
<tr>
<td>Family carers training</td>
</tr>
<tr>
<td>Dementia Champions trained - Hospital</td>
</tr>
<tr>
<td>Board funded student placement program</td>
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</table>

Dementia Partnership Project
The Dementia Partnership Project has 17 partnerships with aged care providers. Pilot sites provided early learnings and opportunities to test culture change processes and person centred tools. These have been refined and utilised with partners as the project continues. As a result of the collaborative, culture change process and expertise of the consultants, many partners have been able to shift their practice from a traditional and institutional way of working to a wellness-focused, person centred practice. Griffiths University has produced an evaluation report that highlighted the specific service improvements by the partners.

The Project also supports 98 Community Dementia Champions, from a wide variety of organisations, who support staff within their organisations to share knowledge and skills. These Champions have been trained to become change agents in their own organisations.

Statistics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional training materials</td>
<td>927 people</td>
</tr>
<tr>
<td>Certificate IV training</td>
<td>43 people</td>
</tr>
<tr>
<td>Volunteer training materials</td>
<td>137 people</td>
</tr>
<tr>
<td>Medical student training</td>
<td>737 students</td>
</tr>
<tr>
<td>Family carers training</td>
<td>424 people</td>
</tr>
<tr>
<td>Dementia Champions trained - Hospital</td>
<td>84 people</td>
</tr>
<tr>
<td>Board funded student placement program</td>
<td>62 students</td>
</tr>
<tr>
<td></td>
<td>2,460 hours</td>
</tr>
</tbody>
</table>

We thank our partners for their commitment to working with us

- Southside Care
- South Care
- City of Stirling
- City of Swan
- Manjimup Home and Community Care
- Kimberley Aged Care Services and Bidgyadanga
- Silver Chain
- Community Home Care
- Volunteer Task Force
- City of Cockburn Community Care
- Astley Care
- Multicultural Services of Western Australia
- Juniper The Residency
- Waratah Lodge
- Balladong Lodge
- ValleyView Residence
- Hocart Lodge Aged Centre
- Springhaven Lodge
- Baptistcare Kalkarni Residency
- Baptistcare Mirrambeena
- Baptistcare Dryandra
- Baptistcare Moonya.

Indigenous Australians Focus
Alzheimer’s WA commenced a pilot project for a community link model with Bidgyadanga community, Kimberley Aged Care Services and other service providers to support people living with dementia who access local support services in a remote setting.

Through this partnership we have developed a program model that supports Indigenous and Torres Strait Islanders living with dementia as they transition from location to location, service to service, and allows their culture and history to travel with them. The community, services, families and people living with dementia work together to ensure that the older people who use the support services away from the community feel connected, their history is known and their identity is maintained despite being away from country. The response to this has been very positive.
DELIVERING ON OUR OBJECTIVES

Objective 5: Research and Innovation
Working for positive change, progress and better futures

Alzheimer’s WA is here for as long as we are needed, and while we wait and hope for a cure for dementia we are committed to improving the lives of people living with dementia in the present.

Alzheimer’s WA keeps abreast of current research and disseminates any vital information to our clients and members. We also work collaboratively with research partners, and where possible, link our clients and Dementia Advocates into the research to participate or inform.

We continue to be busy drawing innovation in the way we deliver services, and support and build capacity in assisting others to drive change and improvements in the dementia response. Programs such as Enabling Environments, Dementia Friendly Communities, Dementia Partnership Project, Memory Cafes and The Enabling Household™ are great examples where Alzheimer’s WA has led the way on innovation.

Research Partnerships
Alzheimer’s WA, in collaboration with local, national and international researchers and universities, aims to further our knowledge and develop evidence for best practice, treatment and service outcomes in relation to the care and support of people living with dementia.

Alzheimer’s WA provided members and Dementia Advocates the opportunity to participate in research studies being undertaken. This dementia expertise added a valuable contribution to research projects through reference group membership or associate investigator/chief investigator roles and strengthened the collaboration in projects.

In 2016/17, Alzheimer’s WA worked with a number of research partners including:

- Griffith University – Measuring Outcomes of the Dementia Partnership Project
- Curtin University – Driving and Dementia
- National Ageing Research Institute – Promoting Independence Through Quality Dementia Care at Home
- Edith Cowan University – Measuring the Impact of Disrupted Sleep on Caregivers of People Living With Dementia

Creating Dementia Friendly Aged Appropriate Accommodation

In 2016/17, Alzheimer’s WA, in partnership with WA Country Health Service, provided dementia design advice to nine older people’s housing projects in rural Western Australia. In towns from Northampton in the north, Kojonup in the south and Cunderdin in the east, Alzheimer’s WA helped local communities to develop enabling housing responses for their ageing populations.

Alzheimer’s WA’s expert dementia design consultancy service provided specialist advice and recommendations to ensure these housing projects are suitable for people living with dementia. Recommendations including simple changes such as type of taps, colour contrast and easily identified house frontages were some of the dementia enabling design elements included in the projects. As regional Western Australia faces an increasingly older population, Alzheimer’s WA has been working hard supporting communities to ensure the needs of people living with dementia are considered.

Advocating for Better Aged Care

Community aged care service provision has undergone significant reform across Australia over the last two years. A key component of this reform has been the move from the State Government’s Home and Community Care Programs to the Commonwealth Government’s Community Home Support Program. The transition for Western Australia is scheduled for July 2020 and will result in a significant change in the way services are funded, from organisational block funding to an individual consumer directed funding and service model.

This reform has had a significant impact on both providers and people requiring services. This year Alzheimer’s WA provided feedback on the second phase of the reform process and clearly articulated to the Commonwealth Government the key issues that people living with dementia and their carers are facing, as well as the challenges the system is creating for them. Alzheimer’s WA’s Dementia Advocates contributed to our response and feedback from a number of families living with dementia was incorporated.

Memory Cafes

Alzheimer’s WA partnered with AMP, City of Melville, Coaffa Fine Espresso and people living with dementia to support a very special monthly social connection opportunity at Westfield Garden City.

Taking place within a normal cafe within the shopping centre, the cafe staff participated in dementia awareness training to support a person with dementia visiting the cafe. The Memory Cafe is a relaxed social morning where people can attend, connect with other people living with dementia, get advice or assistance, and of course enjoy great coffee.

The Memory Cafe has been very successful and a second cafe based on this model recently commenced in East Fremantle.

Financial Seminars

Financial planning is one of the biggest issues facing people living with dementia. It is especially vital for those diagnosed with younger onset dementia. Our heartfelt thanks to N.C. Bruining & Associates who have, for the second year in a row, run free financial seminars for people living with dementia and their families. Four seminars were held at Mary Chester House, Shenton Park, with a total of 180 attendees.
Objective 6: Longevity and Financial Sustainability

Being here for people living with dementia for as long as we are needed

Alzheimer’s WA is an organisation united by a shared passion, driven by the guidance of our clients and focused on our sustainability to make a difference for as long as we are needed.

The reform in the aged and disability sector has required all providers to change. Alzheimer’s WA has identified and scoped the changes required to transition the organisation so that it is well positioned to embrace the opportunities of the future. This process is well underway with the implementation of new IT systems and operating models being rolled out across the organisation.

The introduction of such efficiencies, coupled with ongoing robust financial management has placed Alzheimer’s WA in a strong position, ready for the future.

Financial Management

Alzheimer’s WA maintained the strong financial performance of previous years, a result of many factors including robust financial management and diligent human resource management. Of note is the ongoing development and strengthening of organisational financial acumen, vigorous management of budgets and the development and costing of new service offerings. At the heart of this was the continual focus on delivering to our mandate, in a manner that ensures sustainability and longevity.

The organisation reported a better than forecast financial result due to diligent financial management processes and firm spending controls. This return reflects the organisation’s commitment to be here to meet the needs of those living with dementia now and into the future.

Our people

Alzheimer’s WA, a professional organisation, had 207 highly trained and committed staff in 2016/17. Staff aged 40 years or over represented 80% of the workforce, with an impressive 8% of staff 70 years plus.

It is unsurprising that Alzheimer’s WA considers people our greatest asset. It is the human connection and experience, combined with highly skilled and knowledgeable staff that make us unique and able to provide the level of support, care, knowledge and training that creates such a difference to those on their dementia journey.

With a passionate and diverse workforce, strong culture is something that all staff contribute to and are proud of. A recent staff survey returned a well above average staff engagement and culture response that reflects the high quality and commitment of our people, and the leadership and management of our leaders.

Self-funded services

Alzheimer’s WA continued to adapt to the changes of the aged care reform and consumer directed care to develop and deliver new tailored services to clients that give the freedom of booking services without the need of referrals and waiting periods. These services are available for clients to top-up their existing services, self-fund or access with their Home Care Package.

Funding update

In 2016/17, two million dollars of new or additional funding and grants were achieved.

The Commonwealth Government’s Home Support Program provided increased funding for additional centre-based services in the Great Southern and, for the first time, the provision of overnight cottage respite in the metropolitan area. To prepare for the metropolitan overnight cottage respite, Alzheimer’s WA funded a refurbishment of Mary Chester House to incorporate three bedrooms.

Additional Home and Community Care funding was provided for Social Support Groups and the Volunteering Program.

Alzheimer’s WA was successful with a Western Australian National Disability Insurance Scheme grant ‘Implementing Information, Linkages and Capacity Building’ to provide support and information to people with younger onset dementia for an 18 month period.

Two grants through the Southern Inland Health Initiative and Office of Multicultural Affairs were also provided.

Unfortunately funding for the Dementia Behaviour Management Advisory Service program was lost following the unsuccessful Alzheimer’s Australia national tender.
We also thank all the special carers who have donated endless time and care this year.

### OUR AMAZING AND WONDERFUL VOLUNTEERS

The foundation of our approach and philosophy is a community of person centred care. Volunteers are essential and intrinsic to this service delivery model in our centres, our events, and our services. Volunteers are fundamental to who we are.

<table>
<thead>
<tr>
<th>Abdullah, Sue Lily</th>
<th>Gauliris, Elea</th>
<th>O’Meara, Mike</th>
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<td>Davey, Leis</td>
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<td>Dornan, Joan</td>
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<td>Wilson, Graham</td>
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<td>Matthews, Chris</td>
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<td>Flower, Jessie</td>
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<td>Foreman, Sam</td>
<td>Moir, Jeanette</td>
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<tr>
<td>Fry, Noriko</td>
<td>Nelson, Heath</td>
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</tr>
</tbody>
</table>

We also thank all the special carers who have donated endless time and care this year.

### FUNDRAISING

Alzheimer’s WA is grateful for the generous support of all our donors and supporters who made a contribution. This vital support allows us to continue our commitment to advocate for and assist people living with dementia as well as drive innovation.

Thank you to our corporate supporters who contribute through staff and matched giving programs, and to our regular donors. With your continuing support, we are able to plan ahead in the work we do.

Throughout the year, we receive memorial gifts in memory of those who have passed away. Our heartfelt thanks to all who have contributed donations at such a sad time.

We also received celebration gifts in lieu of birthday or wedding presents from some generous individuals. Thank you for being so selfless and for inviting Alzheimer's WA to be a part of your special day.

Donations continued to support our ongoing commitment to provide education to university students studying health disciplines, including juris doctors, nurses, occupational therapists and the like. However, this year the standout support by donors of time and money was the renovation of Mary Chester House and its amazing backyard makeover.

We extend a special thank you to every individual, organisation and fundraising team who raised funds or donated to us. Your support and generosity is greatly appreciated. We rely on people in our local communities to help us raise both awareness of what we do and the essential funding to deliver our services. This year, over $115,000 was raised through the amazing efforts of 170 passionate community fundraisers. Of particular note was Marianne Phillips and her amazing team who held their third Wine and Horses Charity Ride event raising more than $45,000.

Thank you to Walk to Remember participants who walked in support of those living with dementia and those we have loved and lost to this disease. These events help support people living with dementia in Western Australia, their carers and their families.

The inaugural Chocolate Block Challenge campaign was launched in 2017, inspiring Western Australians to support those living with dementia by giving up chocolate for a month, fortnight or week. The Chocolate Block Challenge’s first year saw 90 participants come together to give up chocolate and raise over $34,000.

Alzheimer’s WA acknowledges and gives thanks to those who have been inspired to leave a legacy in their Will. Such gestures are very much appreciated and we acknowledge with gratitude those who bequeathed part of their estate to Alzheimer’s WA.

Thank you to all those who helped Alzheimer’s WA care for families who have been touched by dementia and offer them the support and services they need during their dementia journey, and to work with other health and care providers to build capacity for better dementia care.
EVENT HIGHLIGHTS

Walk to Remember
Walkers joined us for the inaugural Walk to Remember events in Mandurah, Albany and Perth.

Renae Lambourne
In memory of her grandad Ken, Renae organised a successful quiz night and challenged herself to swim 19.7kms from Cottesloe beach to Rottnest Island, raising over $1,500.

Walk to Remember

2017 The Chocolate Block Challenge
90 participants challenged themselves to block-the-choc in June, raising over $34,000 for those living with dementia and their carers.

Memory Walk and Jog
Over 800 participants spent their early Sunday morning at Perth and Albany, walking to support people living with dementia.

Alzheimer's WA 2017 Quiz Night
In September, 170 people attended our inaugural Alzheimer’s WA Quiz Night, raising close to $10,000 for people living with dementia and their families.

World Alzheimer’s Day - Awareness Stand in Murray Street
On World Alzheimer’s Day, Alzheimer’s WA was in Murray Street Mall raising awareness to Perth residents. The stand provided information to members of the community interested in gaining a stronger understanding about dementia and the services that are offered to Western Australians families through their dementia journey.

I Ride with Chloe
Ken completed a challenging motorbike ride with his dog Chloe. Working as a team the duo raised over $1,500.

Wine and Horses Charity Ride
The annual Wine and Horses Charity Ride from Wooroloo to Northam. This event has now raised over $112,000 in four years.

Jeremy McClure - Double Rottnest Swim
As a four time vision-impaired paralympic pool swimmer, Jeremy set himself the challenge of completing a 40km double Rottnest Channel Crossing and raised more than $3,000.
OUR GENEROUS SPONSORS, FUNDERS, DONORS, SUPPORTERS AND CONTRIBUTORS

Warm up at the 2017 Mandurah Walk to Remember

Aussie Natural Spring Water
Bodhi J
Bunnings Cottesloe
Bunnings Osborne Park
Bunnings Innaloo
Bunnings Morley
Bunnings Claremont
Bunnings Willetton
Bunnings Balcatta
Bunnings Ellenbrook
Bunnings Mindarie
Captain Cook Cruises

City of Joondalup
Fremantle Dockers
Florida Beach Dawesville
Ingenia Communities
John and Bella Perry
Kmart Tyre & Auto Service
Margaret Quirk
Moora Citrus
MSS Security
Norman, Disney & Young
Patricia New
Peel Health Campus

Professor Jo Barker and David Waddell
Sandalford Wines
St John of God Health Care
St Peters Catholic College
Studio Earth
Swan Valley Tours
Terry White Chemmart
The Richardson Family
Town of Cambridge
Vasse Felix Margaret River
Village Manager Settlers
You do the Maths
DIRECTORS’ REPORT
FOR THE YEAR ENDED 30 JUNE 2017

Your directors present this report to the members of Alzheimer’s Australia WA Ltd for the year ended 30 June 2017.

Directors

<table>
<thead>
<tr>
<th>Directors</th>
<th>Date Appointed</th>
<th>Board A</th>
<th>Board B</th>
<th>Executive A</th>
<th>Executive B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Craig Masarei</td>
<td>Nov 2002</td>
<td>11</td>
<td>12</td>
<td>7</td>
<td>8</td>
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<tr>
<td>Mrs Jenny Rogers</td>
<td>Nov 2004</td>
<td>7</td>
<td>12</td>
<td>7</td>
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<td>Dr Sean Maher</td>
<td>Sep 2010</td>
<td>11</td>
<td>12</td>
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<td>Mrs Jenny Watt</td>
<td>Nov 2005</td>
<td>11</td>
<td>12</td>
<td></td>
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<tr>
<td>Mr Arnold Stroobach</td>
<td>Nov 2012</td>
<td>9</td>
<td>12</td>
<td></td>
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<tr>
<td>Dr Michael Preece</td>
<td>Nov 2012</td>
<td>9</td>
<td>12</td>
<td>8</td>
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<tr>
<td>Mr Ian Wells</td>
<td>Mar 2014</td>
<td>10</td>
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<tr>
<td>Mr Bronte Parkin</td>
<td>Nov 2014</td>
<td>9</td>
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<tr>
<td>Ms Rhonda Parker</td>
<td>Sep 2012</td>
<td>12</td>
<td>12</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

A Number of meetings attended

B Number of meetings held during the time the Director held office during the year [including AGM]

Details of directors’ qualifications, experience and special responsibilities are contained in the table below.

Directors Qualifications Experience Special Responsibilities

<table>
<thead>
<tr>
<th>Directors</th>
<th>Qualifications</th>
<th>Experience</th>
<th>Special Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Craig Masarei</td>
<td>Bachelor of Jurisprudence, Bachelor of Laws (Hon)</td>
<td>Legal and economic</td>
<td>Chairman, Finance and Audit Committee, Building Committee, Governance Committee</td>
</tr>
<tr>
<td>Mrs Jenny Rogers</td>
<td>Financial Advisor / Equities, Superannuation, Managed Funds</td>
<td></td>
<td>Deputy Chair, Finance and Audit Committee, Fundraising Committee</td>
</tr>
<tr>
<td>Dr Sean Maher</td>
<td>Bachelor of Medicine, Bachelor of Surgery, Fellow of the Royal Australasian College of Physicians</td>
<td></td>
<td>Honorary Medical</td>
</tr>
<tr>
<td>Mrs Jenny Watt</td>
<td>General Nursing and Midwifery Certificates</td>
<td></td>
<td>Carer</td>
</tr>
<tr>
<td>Mr Arnold Stroobach</td>
<td>Masters in Business Administration (MBA), Masters in Medical Informatics (M.Sc)</td>
<td>Management</td>
<td>Building Committee, Fundraising Committee</td>
</tr>
</tbody>
</table>

Dr Michael Preece has been the company secretary since November 15.

Company Secretary

Principal activities

The company’s principal activities during the year were;

» To provide representation and support while advancing the interest of individuals with dementia and their carers at a personal, community and political level.

There were no significant changes in the nature of the company’s activities during the year.

Resignation

Nil.
DIRECTORS’ REPORT
FOR THE YEAR ENDED 30 JUNE 2017

OPERATING RESULT AND REVIEW OF OPERATIONS
The operating result for the year was a profit of $474,361 (2016: Profit $259,625). The company is exempt from income tax.
A detailed review of operations can be found in the annual report which accompanies this financial report.

DIVIDENDS
The company’s constitution precludes the payment of dividends.

SIGNIFICANT CHANGES IN STATE OF AFFAIRS
In the opinion of the directors, there were no significant changes in the state of affairs of the company that occurred during the financial year under review not otherwise disclosed in this report.

AFTER BALANCE DATE EVENTS
There has not arisen in the interval between the end of the financial year and the date of the report any item, transaction or event of a material and unusual nature that in the opinion of the directors is likely to substantially affect the operations of the company, the results of those operations, or the company’s state of affairs in future financial years.

FUTURE DEVELOPMENTS
The company will continue to carry on the principal activities noted above. There are no likely developments in the activities in future years which will affect the results and therefore require disclosure.

AUDITOR’S INDEPENDENCE
The auditor’s declaration of independence appears on Page 31 and forms part of the Directors’ report for the year ended 30 June 2017.

INDEMNIFICATION AND INSURANCE OF OFFICERS AND AUDITORS
Since the end of the previous financial year the company has paid insurance premiums of $1,190 in respect of directors’ and officers’ liability and legal expenses’ insurance contracts for current and former directors and officers, including senior executives of the company. The insurance premiums relate to:

- Costs and expenses incurred by the relevant officers in defending proceedings whether civil or criminal and whatever the outcome
- Other liabilities that may arise from their position, with the exception of conduct involving wilful breach of duty or improper use of information or position to gain a personal advantage.

The company has not otherwise indemnified or agreed to indemnify an officer or auditor of the company against a liability incurred as such an officer or auditor.

Signed in accordance with a resolution of the directors made pursuant to s.298(2) of the Corporations Act 2001.

On behalf of the directors:

DIRECTOR
PERTH
DATED 5TH DAY OF OCTOBER 2017

AUDITOR’S INDEPENDENCE DECLARATION
TO THE DIRECTORS OF ALZHEIMER’S AUSTRALIA WA LTD

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, as lead auditor for the audit of Alzheimer’s Australia WA Ltd for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been:

(i) no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

MACRI PARTNERS
CERTIFIED PRACTISING ACCOUNTANTS
SUITE 2, 137 BURSWOOD ROAD
BURSWOOD WA 6100

PERTH
DATED 5TH DAY OF OCTOBER 2017
DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENTS

INFORMATION ON THE COMPANY’S CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 30TH JUNE 2017

The financial statements and disclosures in the Concise Financial Report have been derived from the 2017 Financial Report of Alzheimer’s Australia WA Ltd and is an extract from the full financial report. A copy of the full financial report and auditor’s report will be sent to any member, free of charge, upon request.

The information about the concise financial report is provided to assist members in understanding this report and is based on the company’s consolidated financial statement and has been derived from the full 2017 Financial Report of Alzheimer’s Australia WA Ltd.

STATEMENT OF COMPREHENSIVE INCOME

The profit for the year is $474,361 mainly derived from large donations and bequests. Gains from the investment portfolio is $125,715 for the year. Compared to prior financial year, total income has decreased by $1,380,169 (10.31%) due to a significant bequest in 2015/16, whilst expenditure has reduced by $1,594,905 (12.15%).

STATEMENT OF FINANCIAL POSITION

The total Assets of the company increased to $19,326,567. This increase is attributable to the following:

» An increase in Cash and cash equivalents at the end of the year (Timing of grants receipts).

» An increase in the value of Financial Assets managed by Macquarie Investment Portfolio.

Total liabilities increased by $597,756 (12.84%) attributed by the increase in unexpended contract income from new Grants (CHSP, SIHI).

STATEMENT OF CASH FLOWS

Cash flows from operating activities have seen a significant increase from last financial year $1,233,968 due to payment of contracts in advance for 2017/18 income, and a decrease in donations and bequests.

There has been a total increase in cash and cash equivalents for the year of $1,336,120.

STATEMENT OF CHANGES IN EQUITY

The equity of Alzheimer’s Australia WA Ltd has increased by $600,076. This is due largely to the reduction in Employee benefits and donations and bequests received during the year.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>12,008,502</td>
<td>13,388,671</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(8,813,777)</td>
<td>(10,007,067)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(214,524)</td>
<td>(240,686)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(27,803)</td>
<td>(25,059)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(2,478,037)</td>
<td>(2,856,234)</td>
</tr>
<tr>
<td></td>
<td>(11,534,141)</td>
<td>(13,129,046)</td>
</tr>
<tr>
<td>Net surplus (deficit) for the year</td>
<td>474,361</td>
<td>259,625</td>
</tr>
</tbody>
</table>

Other Comprehensive Income:

Items that will not be reclassified subsequently to profit or loss:

Revaluation of land  -  -

Items that will be reclassified subsequently to profit or loss when specific conditions are met:

Net change in fair value of financial assets | 125,715 | (151,968) |

Total other comprehensive income for the year | 125,715 | (151,968) |

Total comprehensive income for the year | 600,076 | 107,657 |

Total comprehensive income attributable to members of the company | 600,076 | 107,657 |

The accompanying notes form part of these concise financial statements.
### STATEMENT OF FINANCIAL POSITION

**AS AT 30 JUNE 2017**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4,594,145</td>
<td>3,258,025</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>167,116</td>
<td>229,013</td>
</tr>
<tr>
<td>Inventories</td>
<td>11,855</td>
<td>12,234</td>
</tr>
<tr>
<td>Prepayments</td>
<td>53,629</td>
<td>49,309</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>4,826,745</td>
<td>3,548,580</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>1,563,690</td>
<td>1,373,018</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>13,736,346</td>
<td>14,022,222</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>31,135</td>
<td>16,264</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>15,331,171</td>
<td>15,411,504</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>20,157,916</td>
<td>18,960,084</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>2,187,832</td>
<td>1,267,293</td>
</tr>
<tr>
<td>Borrowings</td>
<td>46,919</td>
<td>235,933</td>
</tr>
<tr>
<td>Provisions</td>
<td>685,368</td>
<td>843,862</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>2,920,119</td>
<td>2,347,088</td>
</tr>
<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Provisions</td>
<td>333,842</td>
<td>309,117</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>2,333,842</td>
<td>2,309,117</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>5,253,961</td>
<td>4,656,205</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>14,903,955</td>
<td>14,303,879</td>
</tr>
<tr>
<td><strong>Members’ Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revaluation Surplus</td>
<td>9,285,610</td>
<td>9,285,610</td>
</tr>
<tr>
<td>Financial Assets Reserve</td>
<td>231,976</td>
<td>106,261</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>5,386,369</td>
<td>4,912,008</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERS’ FUNDS</strong></td>
<td>14,903,955</td>
<td>14,303,879</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.

### STATEMENT OF RECOGNISED INCOME AND EXPENDITURE

**FOR THE YEAR ENDED 30 JUNE 2017**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retained Earnings</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revaluation Surplus</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Financial Assets Reserve</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Balance at 1 July 2015</strong></td>
<td>4,652,383</td>
<td>9,285,610</td>
</tr>
<tr>
<td><strong>Profit attributable to operating activities of the company</strong></td>
<td>259,625</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2016</strong></td>
<td>4,912,008</td>
<td>9,285,610</td>
</tr>
<tr>
<td><strong>Profit attributable to operating activities of the company</strong></td>
<td>474,361</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td>-</td>
<td>125,715</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2017</strong></td>
<td>5,386,369</td>
<td>9,285,610</td>
</tr>
</tbody>
</table>
### Statement of Cash Flows

**For the Year Ended 30 June 2017**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Donations and gifts</td>
<td>543,215</td>
<td>922,377</td>
</tr>
<tr>
<td>- Government grants</td>
<td>12,110,973</td>
<td>11,230,929</td>
</tr>
<tr>
<td>- Interest received</td>
<td>34,241</td>
<td>60,452</td>
</tr>
<tr>
<td>- Dividends received</td>
<td>71,142</td>
<td>72,293</td>
</tr>
<tr>
<td>- Fees &amp; Charges</td>
<td>996,454</td>
<td>709,955</td>
</tr>
<tr>
<td>- Other Receipts</td>
<td>267,911</td>
<td>167,837</td>
</tr>
<tr>
<td>- GST Paid</td>
<td>(956,103)</td>
<td>(883,377)</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(11,594,444)</td>
<td>(12,040,470)</td>
</tr>
<tr>
<td>Borrowing Costs</td>
<td>(27,803)</td>
<td>(28,475)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td>1,445,485</td>
<td>211,518</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property, plant and equipment</td>
<td>399,223</td>
<td>251,077</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(33,855)</td>
<td>(67,480)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS USED IN INVESTING ACTIVITIES</strong></td>
<td>365,368</td>
<td>183,597</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM FINANCING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance lease payments</td>
<td>(474,732)</td>
<td>(370,063)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS USED IN FINANCING ACTIVITIES</strong></td>
<td>(474,732)</td>
<td>(370,063)</td>
</tr>
<tr>
<td>Net increase/(decrease) in cash and cash equivalents</td>
<td>1,336,120</td>
<td>25,052</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the financial year</td>
<td>3,258,025</td>
<td>3,232,973</td>
</tr>
<tr>
<td><strong>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</strong></td>
<td>4,594,145</td>
<td>3,258,025</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.

### Notes to the Concise Financial Report

**For the Year Ended 30 June 2017**

#### Note 1: Basis of Preparation of the Concise Financial Report

The concise financial report is an extract of the full financial report for the year ended 30 June 2017. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039: Concise Financial Reports and the Australian Charities and Not for Profits Commission Act 2012.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of Alzheimer’s Australia WA Ltd. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of Alzheimer’s Australia WA Ltd as the full financial report. A copy of the full financial report and auditor’s report will be sent to any member, free of charge, upon request.

A Statement of Compliance with the International Financial Reporting Standards (‘IFRS’) as issued by the International Accounting Standards Board (‘IASB’) cannot be made due to the company applying Not-for-Profit specific requirements contained in the Australian Accounting Standards. The presentation currency used in this concise financial report is Australian dollars.

#### Note 2: Revenue, Other Income and Expenses

(a) **Revenue**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sale of goods</td>
<td>5,206</td>
<td>3,737</td>
</tr>
<tr>
<td>Rendering of services</td>
<td>876,901</td>
<td>718,164</td>
</tr>
<tr>
<td>Government grants</td>
<td>10,127,102</td>
<td>11,370,055</td>
</tr>
<tr>
<td>Donations and gifts</td>
<td>549,251</td>
<td>971,910</td>
</tr>
</tbody>
</table>

(b) **Other income**

- **Investment income**
  - Interest | 49,059 | 60,452 |
  - Dividends | 84,857 | 93,788 |
- **Net change in fair value of financial assets** | 125,715 | - |

(c) **Expenses**

- **Finance costs** | 27,803 | 25,059 |
- **Depreciation** | 214,524 | 240,686 |
- **Operating lease payments** | 3,092 | 3,504 |
- **Auditors’ remuneration** | 43,750 | 39,700 |
- **Net change in fair value of financial assets** | - | 151,968 |

#### Note 3: Segment Reporting

The company operates predominately in one business and geographical segment being provision of community services in Western Australia.
NOTE 4: EVENTS AFTER THE REPORTING PERIOD

Following the board resolution of 23 March 2017 to not join the unification process with the Alzheimer’s Australia states and territories and the subsequent resignation from the Alzheimer’s Australia federated body, Alzheimer’s Australia WA Ltd became an independent body on 1 July 2017, trading under the business name Alzheimer’s WA.

The Alzheimer’s Australia WA Ltd as the trustee has agreed to dissolve Drysdale Family Foundation Charitable Trust and transfer any net assets and associated funds owned by the Trust to Alzheimer’s Australia WA Ltd by 30th September 2017.

There are no other matters or circumstances that have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company except for the information disclosed in the Directors’ report.

DIRECTORS’ DECLARATION

The Directors of the Alzheimer’s Australia WA Ltd declare that the accompanying concise financial report of Alzheimer’s Australia WA Ltd for the financial year ended 30 June 2017:

a. complies with Accounting Standard AASB 1039: Concise Financial Reports; and
b. is an extract from the full financial report for the year ended 30 June 2017 and has been derived from and is consistent with the full financial report of Alzheimer’s Australia WA Ltd.

This declaration is made in accordance with a resolution of the Board of Directors.

DIRECTOR

DIRECTOR

PERTH

DATED 5TH DAY OF OCTOBER 2017

INDEPENDENT AUDITOR’S REPORT

TO: THE MEMBERS OF ALZHEIMER’S AUSTRALIA WA LTD

REPORT ON THE CONCISE FINANCIAL REPORT

The concise financial report, which comprises the Statement of Financial Position as at 30 June 2017, Statement of Comprehensive Income, Statement of Recognised Income and Expenditure and Statement of Cash Flows for the year then ended, and relates notes, are derived from the audited financial report of Alzheimer’s Australia WA Ltd for the year ended 30 June 2017, as well as the discussion and analysis.

In our opinion, the accompanying concise financial report, including the discussion and analysis of Alzheimer’s Australia WA Ltd for the year ended 30 June 2017 is consistent, in all material respects, with the audited financial report, in accordance with AASB 1039: Concise Financial Reports.

CONCISE FINANCIAL REPORT

The concise financial report does not contain all the disclosures required by Australian Accounting Standards applied in the preparation of the audited financial report of Alzheimer’s Australia WA Ltd. Reading the concise financial report and the auditor’s report thereon, therefore, is not a substitute for reading the audited financial report and the auditor’s report thereon. The concise financial report and the audited financial report do not reflect the effects of the events that occurred subsequent to the date of our report on the audited financial report.

INDEPENDENCE

In conducting our audit, we have complied with the independence and ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110: Code of Ethics for Professional Accountants that are relevant to our audit of the concise financial report in Australia.

THE AUDITED FINANCIAL REPORT AND OUR REPORT THEREON

We expressed an unmodified audit opinion on the audited financial report in our report dated 5 October 2017. That report also includes the communication of key audit matters. Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial report of the current period.

DIRECTORS’ RESPONSIBILITY FOR THE CONCISE FINANCIAL REPORT

Directors are responsible for the preparation and fair presentation of the concise financial report in accordance with Accounting Standard AASB 1039: Concise Financial Reports (including Australian Accounting Interpretations), statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

AUDITOR’S RESPONSIBILITY

Our responsibility is to express an opinion on whether the concise financial report is consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810: Engagements to Report on Summary Financial Statements.
INDEPENDENT AUDITOR’S REPORT
TO: THE MEMBERS OF ALZHEIMER’S AUSTRALIA WA LTD

EMPHASIS OF MATTER IN THE AUDITOR’S REPORT ON THE FINANCIAL REPORT FOR THE YEAR
The following paragraph is copied from our report on the financial report for the year.
The emphasis of matter in that report does not apply to our report on the Concise Financial Report for the reason stated above in our Auditor’s Opinion.
We draw attention to the fact that cash donations and gifts are a source of revenue for Alzheimer’s Australia WA Ltd. Alzheimer’s Australia WA Ltd has determined that it is impracticable to establish control over cash donations and gifts prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to cash donations and gifts have to be restricted to the amounts recorded in the financial records. Our opinion is unmodified in respect of this matter.

MACRI PARTNERS
CERTIFIED PRACTISING ACCOUNTANTS
SUITE 2, 137 BURSWOOD RD
BURSWOOD WA 6100

PERTH
DATED 5TH DAY OF OCTOBER 2017
HEAD OFFICE
55 Walters Drive, Osborne Park WA 6017
Telephone: 1300 66 77 88
Facsimile: (08) 9388 2739
PO Box 1509, Subiaco WA 6904
wa.support@alzheimers.org.au

REGIONAL OFFICES
Albany: (08) 9841 3755
Kalgoorlie: (08) 9091 1644
Mandurah: (08) 9535 8772
York: (08) 9641 2865

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