

Parkinson's NSW

Branding and Communications Guide

Support Group Version

Purpose

This *Brand and Communications Guide* is designed for use by Parkinson's NSW Support Groups.

This Guide includes content on:

- The history, values, culture and operations of Parkinson's NSW
- Appropriate language to use when talking about Parkinson's
- Specifications and permitted use of the corporate logo

This is a reference tool intended for frequent use. It will equip users to present Parkinson's NSW to a wide range of audiences professionally, consistently and accurately.

Introduction

Many organisations have a Brand Book or Style Guide that emphasises the visual aspects of their brands.

However, a brand is much more than a name or an artistic logo. It also includes how people experience, interact with and perceive the organisation and those who represent it – including Parkinson's NSW Support Groups.

How people perceive Parkinson's NSW is shaped by what they see, hear, read and experience via multiple channels – including contacts via telephone, e-mail, social media, publications, correspondence and face-to-face engagement.

For that reason, Parkinson's NSW has published this *Brand and Communications Guide* with a broader purpose – to cover the visual aspects of our logo and design standards, as well as how we communicate with stakeholders via other means.

1. About Parkinson's NSW

Before we can effectively brand and communicate about Parkinson's NSW, we need to understand the organisation's story – where it came from, what it stands for and what it does. This section will provide you with that insight.

History

Parkinson's NSW had its beginnings in 1979 when Sydney man Don Gration was diagnosed with Parkinson's. He and wife Joan found there were no sources of information about the disease except from his treating doctor. There was also no support or advice available from others in the same situation.

The couple recognised the need for a mutual self-help society and sought out like-minded people. In July 1979 a Constitution was drafted and a public meeting held to officially establish The Parkinson's Syndrome Society of Australia.

Its objectives were defined as:

1. To help and encourage patients and relatives with the problems arising from Parkinson's.
2. To collect and disseminate information on Parkinson's.
3. To share knowledge of the Society and Parkinson's with the public and raise funds for research into the causes and prevention of Parkinson's.

In 1983 the Constitution of The Parkinson's Syndrome Society of Australia was amended to allow the formation of local area Support Groups.

These Groups operated under the name of the Society. Their mission was to disseminate information about Parkinson's in their communities, in ways that were most convenient for local people.

Today the remit of Parkinson's NSW is broader, but still includes the original objectives of The Parkinson's Syndrome Society of Australia. The Support Group model also endures; there are now 70 such groups across metropolitan, regional and rural NSW.

Vision – Our aspiration

Quality of life now, as we work towards a community free of Parkinson's.

Mission – Our focus

To enhance the quality of life of people living with Parkinson's.

Purpose – What we do

To connect people living with Parkinson's with life-enhancing support and services.

Services

Parkinson's NSW services include an InfoLine staffed by experienced Registered Parkinson's Nurses, community-based Parkinson's Specialist Nurses, counselling, exercise physiology, education, social work and advocacy for people living with Parkinson's who are applying for funding under the National Disability Insurance Scheme (NDIS).

We are also a Registered Service Provider of the National Disability Insurance Scheme delivering the following services:

- Support coordination – implementing all of the supports funded by a person's NDIS Plan and teaching them how to manage their supports.
- Coordination of supports – helping people to develop greater independence and the ability to self-direct their supports over the longer term.
- Speech pathology.
- Physiotherapy.
- Exercise physiology.
- Group skills training.

Our commitment to consumers of our services

We will:

- Keep the needs and aspirations of people living with Parkinson's at the centre of all that we plan and do.
- Be inclusive, treating all with dignity and respect.
- Deliver excellent evidence-based service every time.
- Listen and learn.
- Innovate and strive for continual improvement.
- Respond to requests in a timely manner.
- Share information and communicate regularly.
- Measure and report outcomes with accountability.

Culture



The tag line (words that go with the brand) on the Parkinson's NSW logo reads: IN THIS TOGETHER.

This summarises the culture of our organisation.

We are committed to being IN THIS TOGETHER with people living with Parkinson's, their carers, families and communities.

The same commitment applies to relationships with our colleagues, volunteers, Support Groups, and service delivery partners – we work together for the NSW Parkinson's community.

Our culture is reinforced by specific values and behaviours that employees of Parkinson's NSW and related organisations are expected to embody.

The values we live by:

We are focused

Everything we do is based on the experiences and needs of individuals living with Parkinson's. We listen, tailor our support, and do not take a one-size-fits-all approach.

We are inclusive

We reach out to and advocate for the entire NSW Parkinson's community.

We are evidence-based

We innovate, plan, execute, and make decisions based on facts and data. In doing so, we keep the needs of people experiencing Parkinson's front and centre.

We measure outcomes with accountability

We measure outcomes, not just outputs. We are accountable for our behaviour and actions, in addition to our measurable results.

We do well in order to do good

Everything we do must be financially, logistically, legally and ethically sustainable over the long term. We deliver results while making the most of existing resources.

The behaviours we strive to exhibit and encourage in others:

Show mutual respect

For one another as colleagues, for people living with Parkinson's, and all of those individuals and organisations we work with.

Listen and learn

We listen to colleagues, fellow professionals, and people living with Parkinson's. Through listening we learn – and are better placed to be person-centred in our decision-making and approach to work.

Strive for innovation and continual improvement

We constantly work to find new, sustainable ways of meeting the needs of people living with Parkinson's – and then continually refine and improve our methods and services.

Embrace change and opportunities

Change can be challenging, but it is inevitable. So, we open our minds to change and look for opportunities for personal and professional growth – which will come as we implement strategic and operational plans.

2. Standard communications about Parkinson's NSW

Here is how we describe the legal status of Parkinson's NSW:

Parkinson's NSW is registered company limited by guarantee, and a charity registered with the Australian Charities and Not-for-Profits Commission.

However, in general communications we refer to Parkinson's NSW as a *for-purpose organisation*.

This is our standard, short description of what Parkinson's NSW does:

Parkinson's NSW is a for-purpose organisation striving to make life better for people living with Parkinson's, their carers, families and communities. It is the peak body for the Parkinson's community of NSW.

It provides essential services including counselling, Support Groups, an InfoLine staffed by Parkinson's Registered Nurses, community-based Parkinson's Specialist Nurses, education, NDIS advocacy and fundraising for research. Its mission is to enhance the quality of life of people affected by Parkinson's, while working towards a cure.

Here is how we briefly describe Parkinson's for general audiences with little understanding of the disease:

Parkinson's is a progressive, degenerative condition of the central nervous system. Nerve cell damage in the brain causes dopamine levels to drop, leading to the symptoms of Parkinson's.

Parkinson's symptoms can include tremors, slow movement, stiffness and loss of balance – as well as fatigue, apathy, depression, disturbed sleep, loss of sense of smell, and issues with speech and swallowing.

Symptoms can be managed with medication, exercise and other forms of therapy and support. However, as yet there is no cure.

How we explain the Parkinson's NSW sources of funding:

Less than 10 percent of Parkinson's NSW funding comes from government grants.

Ongoing fundraising is essential to enable the uninterrupted delivery of services in support of the NSW Parkinson's community.

Donations enable us to deliver services like the InfoLine, counselling, Support Groups and community-based Parkinson's Specialist Nursing free of charge to the consumer. Fundraising also underwrites our important Research Grants.

Donations of any size are welcome from individuals, charitable foundations and philanthropists. Some people choose to leave a gift in their Will to support future generations of people with Parkinson's.

The Parkinson's NSW web site describes the many different ways in which donations can be made, and includes an online payment gateway.

<https://www.parkinsonsnsw.org.au/support-us/donations/>

Parkinson's NSW is also a Registered Service Provider of the National Disability Insurance (NDIS). This means it is authorised to deliver services to people living with Parkinson's who have been funded by the NDIS.

The National Disability Insurance Agency fixes the prices of these services and funding is tied to the individual, not the organisation.

The fees charged by Parkinson's NSW are a small supplemental source of funding, but the organisation is still primarily dependent on donations to fund its services.

How we describe Parkinson's NSW Support Groups:

There are more than 70 Parkinson's NSW Support Groups and four Carer Groups in metropolitan, regional and rural areas across NSW.

These Groups provide friendship, non-judgemental support and evidence-based advice for people diagnosed with Parkinson's, their carers and family members.

Support Groups function within their local communities or geographic areas but they are not autonomous; they are part of Parkinson's NSW and supported by employees of the organisation.

How we talk about community-based Parkinson's Specialist Nurses:

Parkinson's is the second most common neurological condition in Australia and is also more common than many cancers – including breast, colorectal, stomach, liver and pancreatic cancer.

Compared with metropolitan areas, there is a higher prevalence of Parkinson's in rural and remote areas. Poorer health outcomes for residents of these regional centres are the result of difficulties in accessing specialist and primary health support.

Research evidence points to the importance of early intervention and self-management strategies to reduce both the burden of disease and caregiver stress.

Parkinson's Specialist Nurses with the expertise and knowledge to support people with Parkinson's and their families can intervene early and facilitate self-management of the disease.

Proof of concept is provided by two Parkinson's Specialist Nurses positions in the Mid North Coast Local Health District co-funded by Parkinson's NSW.

This model illustrates how care for people living with Parkinson's can be seamlessly delivered across a variety of settings – hospitals, homes and nursing homes – to minimise costs to the NSW health system and maximise health and wellbeing outcomes for Parkinson's patients.

About Parkinson's NSW support for research

In 2018-19, Parkinson's NSW awarded Research Grants totalling more than \$300,000.

The Grants support peer-reviewed research projects that enhance the quality of life of people living with Parkinson's. Research supported with past Grants has included work on:

- The use of blood RNA biomarkers to measure the progression of Parkinson's
- A behavioural and exercise program to improve safe mobility for people with Parkinson's
- Enabling medication alter only specific nerve cells in the brain to reduce Parkinson's symptoms
- Monitoring gut microbiome changes to help improve the administration of therapies.

Leading Parkinson's researchers, their publications and ongoing research projects are assessed by the Research Advisory Board of Parkinson's NSW before the final recipients are selected.

Key facts and figures about Parkinson's NSW

Here's what Parkinson's NSW delivered in terms of services over the 2018-19 financial year.

9,785 enquiries to InfoLine

Handled by the InfoLine team of Registered Parkinson's Nurses via free calls to the InfoLine on 1800 644 189 and email.

Enquiries come from people living with Parkinson's and their family members and carers, as well medical and allied health professionals.

24 Education Seminars

Over the past financial year, more than 850 people living with Parkinson's and carers, people newly diagnosed with Parkinson's and their carers, aged care support staff and General Practitioners have participated in Parkinson's NSW seminars.

Over 2,350 consultations by Parkinson's Specialist Nurses

Our community-based Parkinson's Specialist Nurses performed more than 2,350 consultations during the year, including 870 home visits, 1,560 phone consultations and 212 hospital and aged care visits. New referrals totalled 334.

164 NDIS applicants supported

The Parkinson's NSW NDIS Nurse Advocate supported 156 people living with Parkinson's through their journey as they applied for funding from the National Disability Insurance Scheme. The Parkinson's Specialist Nurse in Coffs Harbour supported another eight NDIS applications.

As of the end of the fiscal year, 33 people had successfully gained NDIS funding upon their first application with the support of Parkinson's NSW. Another six people were successful after being supported to reapply following an initial rejection.

513 Counselling sessions

The number of telephone counselling sessions conducted during the year grew to 217, and a further 296 face-to-face sessions took place.

The Parkinson's NSW Counsellor works from two locations in Sydney – War Memorial Hospital and Wolper Jewish Hospital. She supports people living with Parkinson's, people who are newly diagnosed, carers and family members.

Approximately 40 percent of her work involves supporting carers, 25 percent counselling couples and 15 percent with family members.

Telephone counselling is accessed by people living in metropolitan, regional and rural areas. The demand for rural counselling support increased during 2018-19.

3. Guide to Parkinson's language

How we talk about Parkinson's and the people we support

	
Parkinson's	Parkinson's Disease or PD <i>(Unless used in a clinical setting)</i>
People living with Parkinson's	People suffering from Parkinson's Parkinson's sufferers People experiencing Parkinson's People touched by Parkinson's People with Parkinson's Cases of Parkinson's PWP PLWP Parkies* Parky's* <i>* May be heard being used informally within Support Groups. However, they should never be used in official communications.</i>

	
Carer	Caregiver Nurse Sitter Minder
Parkinson's Specialist Nurse Registered Parkinson's Nurse	Nurse

Glossary of Parkinson's terminology

Anticholinergic drugs

The group of drugs that decreases the action of the nerve chemical acetylcholine. These drugs may help reduce rigidity, tremor, and drooling in Parkinson's.

Apomine® (apomorphine hydrochloride)

A dopamine agonist which is quick acting and has a short duration of effect. Administered by injection or continuous pump.

Ataxia

Loss of balance

Atypical Parkinsonism

Conditions which resemble Parkinson's but have some variations in symptoms, response to medications and prognosis.

Basal Ganglia

A set of structures within the brain, consisting of the striatum, globus pallidus, subthalamic nucleus and substantia nigra. Dopamine is produced in the cells of the substantia nigra. It is this area that provides a definite diagnosis of Parkinson's post mortem. The basal ganglia has important implications in movement, cognitive and emotional functions.

Bradykinesia

Slowness in initiating and executing movement.

Bradyphrenia

Slowness of thought process.

Deep Brain Stimulation (DBS)

A surgical procedure used in the management of Parkinson's. It involves placing electrodes into a chosen site of the brain. This site choice depends on the aspect of Parkinson's to be treated – for example tremor or dyskinesia.

Dementia

The loss of some intellectual abilities, characterized by loss of awareness and confusion.

Dopamine

A chemical produced by the substantia nigra in the basal ganglia. It is responsible for transmission of signals between nerve cells that control movement. A lack of dopamine is the primary factor in Parkinson's. The reason for this depletion of dopamine remains unknown.

Dopamine Agonist

Drugs that copy the effects of the brain chemical dopamine and increase the amount of dopamine that is available to the brain for use.

Duodopa® (levodopa and carbidopa)

A gel formulation of Sinemet® which is infused via a permanent tube into the small intestine. This is an alternative mode of treatment in later stage Parkinson's.

Dyskinesia

Involuntary movements (such as nodding, jerking or twisting) resulting from medium- to long-term use of levodopa.

Dystonia

Abnormal and sustained posturing which can affect any part of the body. Most commonly seen in the feet, toes and neck. Mostly occurs in the 'off' state.

Festination

Walking in rapid, short, shuffling steps.

Flexion

A bent or curved posture.

Freezing

The temporary inability to move. Freezing may only last a few seconds. It can occur in confined spaces or when changing direction.

Idiopathic

Means 'cause unknown'.

Kinson® (levodopa and carbidopa)

A dopamine replacement therapy medication.

Kripton® (bromocriptine mesylate)

A dopamine agonist medication.

Levodopa (L-dopa)

A chemical precursor of dopamine which can be taken orally. It is converted to dopamine and crosses the blood/brain barrier.

Lewy Bodies

Round microscopic structures found in brain cells at post-mortem. Often regarded as a definitive sign of Idiopathic Parkinson's.

Liquid Sinemet® (levodopa and carbidopa)

A liquid preparation of Sinemet® which is made daily and taken in an hourly to two-hourly regime. Often prescribed in complex cases of Parkinson's.

Madopar® (levodopa and benserazide)

A dopamine replacement therapy medication available in rapid, normal and controlled release preparations.

Monoamine Oxidase Inhibitors (MAOIs) (Selegiline®, Eldepryl®)

Drugs which block the breakdown of dopamine in the brain. Drug interactions are possible with this group of medications.

Motor Fluctuations

A variance in response to levodopa therapy which may develop after a few years of treatment. This can be 'wearing off', or 'on/off' phenomena.

Neupro® (rotigotine)

A dopamine agonist administered via a transdermal patch. It is changed daily and should be refrigerated.

On

The state where a person living with Parkinson's is taking medication on time every time and symptoms are well controlled.

Off

The state where a person living with Parkinson's may experience 'wearing-off' of their medications and displaying symptoms such as tremor, stiffness, slow movement, difficulty speaking, low mood and anxiety. For some people the on-off fluctuations are predictable, however for other people they are quite unpredictable and should be discussed with your neurologist.

Parkinsonism

Conditions which resemble Parkinson's by the presence of muscle rigidity, tremor, and bradykinesia. These are also known as atypical Parkinsonism or pseudo-Parkinsonism.

Parkinson's Plus

A group of conditions that make up other forms of progressive Parkinsonism. These include Multiple System Atrophy (MSA) and Progressive Supranuclear Palsy (PSP).

Parlodel® (bromocriptine)

A dopamine agonist medication.

Permax® (pergolide mesylate)

A dopamine agonist medication.

Resting Tremor

A tremor which occurs when the affected limb or body part is at rest. Can be exacerbated with stress.

Restless Legs Syndrome

An unrelated sensory disorder which commonly occurs in Parkinson's. It is characterised by the urge to move the legs either during sleep or when awake at rest.

Rigidity

Muscle rigidity is felt on passive movement and may present as 'cogwheel' (when tremor is present) or 'lead-pipe' (in the absence of tremor).

Selgene® (selegiline hydrochloride)

Refer to monoamine oxidase inhibitors.

Sifrol® (pramipexole)

A dopamine agonist medication.

Sinemet® (levodopa and carbidopa)

A dopamine replacement therapy medication available in normal and controlled release. Liquid Sinemet® can be prepared from this medication.

Stalevo® (Catecholamine O-methyl Transferase (COMT) Inhibitors)

A combination therapy of levodopa, carbidopa and entacapone. It contains an enzyme which prevents further breakdown and extends the duration of the effectiveness of levodopa.

Substantia Nigra

The deepest structure within the basal ganglia is located around the top of the spine in the brain stem. Dopamine is produced in the substantia nigra and sends signals from the substantia nigra up to the striatum. A loss of dopamine producing cells within the substantia nigra is the primary cause of Parkinson's symptoms.

Symmetrel® (amantadine)

An anti-viral medication which is thought to increase dopamine release in the brain and therefore may be used in the treatment of Parkinson's.

Tremor

An involuntary rhythmic movement which usually occurs when the affected body part is at rest and may be described as 'pill-rolling'. It may affect any part of the body but predominantly occurs in the upper or lower limbs or jaw and is initially seen on one side of the body. Internal tremor may be felt but is not visible. Not all people living with Parkinson's will experience tremor.

Wearing Off

A response to levodopa therapy which may develop after a few years of treatment. This can be 'wearing off' or 'on/off' phenomena. Also referred to as motor fluctuations. In addition to motor fluctuations, other symptoms may include sweating, anxiety and pain.

4. How we communicate

How people perceive Parkinson's NSW and its Support Groups is shaped by what they see, hear, read and experience via multiple channels – including contacts via telephone, e-mail, social media, publications, correspondence and face-to-face engagement.

This section lays out the guidelines, standards and measurements we apply to these tools and communications channels. All forms of communications are required to comply with the *Parkinson's NSW Code of Conduct*.

Email

Emails are the most common form of business communication currently in use.

Email programs are cheap, easily available, and relatively easy to use for a wide range of age groups and abilities – including many people living with Parkinson's.

It is essential for all Parkinson's NSW employees and related parties to exercise good email etiquette, display our correct branding and messaging, and be able write clearly and concisely. The following tips will help.

1. Write a clear and direct subject line because many people decide whether or not to open an email based on that information alone.

Example: Quick question about tomorrow's meeting

2. Think before hitting *Reply All*. If there are a dozen people addressed by the email, do they all need to see your response? There is also a risk of accidentally sharing information too widely, or highlighting a disagreement with one of the original recipients.

3. Use informal but professional salutations for office emails.

Example: Hi, Hi All, Hello, or Dear <name>

Avoid: G'day, Yo, Hey, Hiya, etc

4. Don't assume people would like having their name shortened in the salutation.

Example: Until Michael tells you otherwise, don't address him as Mike.

5. Humour and emotions can be completely misunderstood in emails – and cultural differences can be magnified – because people don't have the benefit of reading your face or body language.

Be conservative in your writing. If you are not sure how something might come across, read it out loud to yourself before sending as a quick check on its possible impact.

6. Proofread every message before you send it. Do not depend on spell-check.
7. Add the email address last, after you have drafted your message. It avoids you accidentally sending it before you have finished the full content.
8. Use the standard Parkinson's NSW font for emails: 12-point Arial medium and black text only (no colour). This improves readability.

Letters

Even though email and other forms of electronic messaging are in widespread use, letters still have a place in the business world.

Business letters may be created with a word processing program, printed out and mailed via Australia Post or hand delivered.

However, increasingly letters are created digitally then have a graphic of the sender's signature inserted before being converted to Portable Document Format (PDF) and emailed to the recipient.

Regardless of how formal correspondence is created and sent, it must:

- Follow the standard Parkinson's NSW format for the date, address block, salutation, subject line and signature name and title. See example below.
- Use the standard Parkinson's NSW font: 12-point Arial medium
- Be clear in meaning, grammatically correct and without spelling errors, unexplained abbreviations or jargon.

Here is a sample of a correctly formatted business letter.

parkinson's
NSW

16 December 2019 *Date is always Number/Month/Year (no th, qd or st after number)*

The Hon. Damien Porter *Ensure correct mode of address (check online)*
Minister for Rural Health *Ensure you use the correct title (check online)*
PO Box 123
Greater Dogville
NSW 2936

Dear Minister. *Choose correct salutation by name or position (check online)*

Election Policy: Funding for regional Parkinson's Neurological Nurses
Clear and concise subject line in bold

I am writing to seek your support for funding of Parkinson's Neurological Nurses in regional and remote areas of New South Wales in the 2020 NSW Government Budget. *State why you are writing in first paragraph*

Parkinson's NSW engaged the School of Nursing, Midwifery and Indigenous Health of Charles Sturt University to conduct research into the effectiveness of nurses supporting Parkinson's patients at home in rural and regional communities. *Background for your request or proposed action (see final para)*

The results of this research clearly highlight the value of placing Parkinson's Neurological Nurses in regional areas of need. Doing so will result in significant savings in the NSW health budget while improving the quality of life of people living with Parkinson's. *State the potential value or benefit for the recipient*

The 'ask': State what you want or need.

I would like to request a meeting with you and your advisors on health policy in order to present the results of our research and discuss the development of a formal submission for inclusion in the next Budget. *The action: What you will do next*

I will contact your Electoral Office to arrange a meeting when you are next in your Dogville electorate. In the meantime, please let me know you require further information on our research or the work of Parkinson's NSW.

Parkinson's NSW Limited ABN 69 023 603 545 ACN 622 455 995
PO Box 71 North Ryde BC NSW 1670 **Copyright** 1800 644 189 E pnew@parkinsonsnsw.org.au
W www.parkinsonsnsw.org.au

PO Box 71 North Ryde BC NSW 1670
Copyright 1800 644 189 E pnew@parkinsonsnsw.org.au W www.parkinsonsnsw.org.au

Sincerely. *This is the standard sign-off for Parkinson's NSW business letters*

Margaret Wavelle *Use full name*
Chief Executive Officer *Use full title with no abbreviations*

Tips on writing a business letter

1. Before drafting a business letter, ask yourself two questions:
 - Why am I writing this letter?
 - What outcome do I want to achieve?

If you can answer those two questions, the overall purpose of your letter will be clear, you can stay on topic and select appropriate content, and you will know what to put in the final section. This is the important part of the letter where you recommend or request some form of action.

2. People are very sensitive about their name, rank and job title. If you make a mistake in any one of these, you will immediately distract the reader from the content and purpose of your letter.

Check and double-check the spelling of names, titles and the correct mode of address – Mr, Mrs, Ms, Dr, Professor, The Honourable, etc.

When in doubt, do an internet search of the organisation where the person works. Government web sites also give useful guidelines on titles and protocol on how to address people who have earned special honours such as the Order of Australia.

3. Try to keep your letter to two pages maximum and write in a clear and professional yet conversational tone – without being over-friendly.
4. Avoid jargon and acronyms. If you do need to abbreviate, write the name or term in full first, then show the acronym in parentheses immediately after it. From then on within that letter, you can use the acronym alone.

Example: National Disability Insurance Scheme (NDIS)

5. Make your letter easy to read by breaking it into paragraphs of just two or three short sentences, leaving spaces between paragraphs.
6. Here's how to structure a good business letter:
 - Start with a clear and concise subject line which makes it immediately clear what the letter is about.
 - Write an opening paragraph that provides a simple explanation of why you are writing.
 - Follow the opening with a second paragraph of background information.
 - After the background information, add a paragraph or two outlining some potential value or benefit for the recipient of the letter.
 - Close with a recommendation or request for some form of action.
7. Proofread your letter for accuracy and tone at least twice before sending it. Do not rely solely on spell-check. When in doubt, read the letter out loud to yourself or ask someone else to give you a second opinion.

Timeliness of Communications

The previous sections have emphasised tone, content and accuracy of communications. Timeliness is also important.

Prompt turnaround of all forms of communications reflects well on individuals, Support Groups and Parkinson's NSW as a whole. Slow or forgotten responses to phone messages, emails and letters are unprofessional and tarnish the reputation of our organisation.

The table below specifies target turnaround times for all forms of Parkinson's NSW business communication.

Communications Channel or Method	Target Turnaround Time	Comments
Phone messages (From voicemail or via receptionist or colleague)	<ul style="list-style-type: none"> • Within the time requested in the message (if given) • Within 1 hour if caller states it is urgent • Preferably within same day if possible, but definitely within next business day. 	If your return call is going to be delayed outside of these turnaround times, ask a colleague to make a 'holding' call on your behalf. (See below for example)
Emails	<ul style="list-style-type: none"> • By the deadline stated in the message (if given) • Within 1 hour if sender states it is urgent • Within next business day if routine 	If your full response is going to be delayed outside of these turnaround times, send a 'holding' (interim) note.
Texts (SMS)	<ul style="list-style-type: none"> • By the deadline stated in the message (if given) • Within 1 hour if sender states it is urgent • Within next business day if routine 	If your full response is going to be delayed outside of these turnaround times, send a 'holding' (interim) text.
Letters	<ul style="list-style-type: none"> • Within 2 business days if subject matter is time critical • Within 5 business days if routine 	If your full response is going to be delayed outside of these turnaround times, send a 'holding' (interim) letter.

The Parkinson's NSW brand



Parkinson's NSW is the peak for-purpose organisation that supports and advocates for the Parkinson's community in NSW.

Our visual brand comprises a **logotype**, a **logomark** and a **tag line**.

The **logotype** is the name of our organisation in a specific style and colour. It cannot be changed from the specifications shown in the following pages.

The **logomark** is a symbol or image that represents our organisation – in this case the tulip, which is an internationally recognised symbol of Parkinson's.

Our **tag line** is IN THIS TOGETHER – the catchphrase (sometimes called the *brand promise*) associated with our brand.

Together, these elements represent the visual brand and personality that Parkinson's NSW projects to the community. The brand must be presented consistently in order to establish and maintain the identity of the organisation.

The Parkinson's NSW logo may not be reproduced, amended, edited or new or alternative versions reproduced.

Logo usage

The use of the Parkinson's NSW logo, tulip or any other corporate design element must be approved prior to its intended use.

Please contact the Marketing department to request use of the logo and to ensure correct logo version is provided depending on its intended use.

Do not take a logo off the website to use on printed items, it is too low quality.

All artwork created externally must be approved by Parkinson's NSW prior to distribution.

Clear zones

The Parkinson's NSW logo must be surrounded by a clear space that is the minimum height of the Tulip icon as shown here.



Orientation

The Parkinson's NSW logo must always appear horizontal.

Scale

The height of the Parkinson's NSW should be a minimum 15mm, and always in proportion. The image must not be digitally 'stretched' or 'compressed'.

Primary logo



The full colour primary logo is the preferred version to be used wherever possible. It should only be used on a white or light background and should not be used over any images or gradient backgrounds.

Monotone logo



The monotone (also called mono, or black and white) logo can be supplied when it is not possible to print in colour or black and white printing is only available. The mono logo should not be used over any images or gradient backgrounds.

Supporting Parkinson's NSW

Proudly Supporting



The Proudly Supporting logo can be supplied to promote an approved fundraising activity.

As with the primary logo, Parkinson's NSW must approve all material produced using the Proudly Supporting logo prior to distribution.

Tulip icon



The tulip icon is the brand mark of Parkinson's NSW – the symbol closely associated with our logo and tag line.

The tulip became the official symbol of Parkinson's at the 9th World Parkinson's Day Conference in Luxembourg on 11 April 2005. However, the flower has been associated with Parkinson's since the early 1980's, shortly after it was developed by Dutch horticulturist J.W.S Van der Wereld who had Parkinson's.

He named his new variety after James Parkinson, the doctor who first described the disease as the "shaking palsy". The Dr James Parkinson Tulip in real life is cardinal red with fringes of white.

Examples of permitted variations on the tulip brand mark are shown here. The colours and proportions of the tulip must not be changed.

It also should not be shown on its own, unless used as a graphic element by a qualified member of the Marketing team or an authorised provider of graphic design services being guided by this Manual.

For advice and guidance on use of the Parkinson's NSW logo contact:

Mirelle Brockett

Marketing & Digital Manager

T: 8051 1900

E: mirelle.brockett@parkinsonsnsw.org.au