



# Our style guide

Building a strong identity

Version 1.3  
Updated August 2023



## 1. Introduction

Rural Doctors Foundation is a small not for profit organisation operating in a highly competitive space. We rely on government funding and donations from supporters to carry out our vital work in rural and remote communities. However, there are many organisations with much larger marketing budgets and who are better known than us. We are all competing for the same 'share of mind' and 'share of wallet.'

We need to stand out and be recognisable.



# 1. Introduction

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## Why does Rural Doctors Foundation need a consistent approach to branding?

A great brand conveys consistent quality, credibility, and experience. It is not just about a logo – it is about every interaction that a person has with the organisation. To build our brand, every interaction must be professional, aligned with our values and above all consistent.

Consistency is what builds a brand. It ensures that each single interaction reinforces our brand. Imagine if McDonalds had a different colour and shaped M at each restaurant – their brand would be diluted and nowhere near as recognisable as it is today.

The way we look, speak and write. It matters!

### **Brand = reputation**

The way we look, speak and write should help people understand what is at the heart of our organisation and make it easy for them to feel a connection and want to support us.

So, it is important that the way we look and the words we use tell the same story, communicate our core values and clearly represent what Rural Doctors Foundation is all about.

## Our vision

Rural doctors for rural communities.

## Our purpose

To support better health in rural and remote communities.

## Our values

**Courage:** We will act with conviction and integrity and take informed risks.

**Trust:** We will be credible, reliable, connected and selfless.

**Care:** We will be diligent, compassionate, responsive and effective.

Our tone of voice in our communications is warm and down to earth. We are not flash or showy – we are real people working hard to support people in rural and remote communities.

## Our voice is:

**Real** – we are not arrogant or too polished.

**Inclusive** – we are not patronising. Our language is simplified and is understood by the lay person. It is not full of acronyms – if we have to use them, they are firstly spelt out and explained.

**Empathetic** – we understand what it is like to live in a rural or remote community. We live and work in rural and remote communities and have lived experience of the challenges faced by those living in rural and remote communities.



## 2. Our voice

### **Inspiring and innovative**

We are excited about finding innovative solutions to the challenges faced by those living and practising in rural and remote communities. We are inspired to support those who really want to make a difference to the quality and accessibility of healthcare, and we will do everything we can to make the impossible possible.

Our brand essence is about inspiration. We inspire and support others to be innovative in how they approach the delivery of health care and education in rural and remote communities.





## 2. Our voice

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### 2.1 Our name

In communication, we refer to ourselves as Rural Doctors Foundation. In long copy, you may choose to use The Foundation just so it is not too repetitive.

### 2.2 Describing who we are

#### **Short version – 38 words and less than 250 characters**

Rural Doctors Foundation is a rural health charity. We care deeply about the places where we live and work. Together, we're creating meaningful change to give those in rural and remote regions better access to lifesaving healthcare.

#### **Medium version – 70 words and 450 characters**

Rural Doctors Foundation is a rural health charity. We exist to give those in rural and remote regions better access to lifesaving healthcare. As rural doctors and community members, we care deeply about the places where we live and work. From the remotest outback regions to pristine coastal areas and bustling rural farming districts. Together, we're creating meaningful change to give people a better chance at health in our regions.

#### **Long Version – 233 words and less than 1500 characters**

Rural Doctors Foundation (formerly RDAQ Foundation) is a rural health charity. We exist to give those in rural and remote regions better access to lifesaving healthcare. As rural doctors and community members, we care deeply about the places where we live and work. From the remotest outback regions to pristine coastal areas and bustling rural farming districts. Together, we're creating meaningful changes that give people a better chance at health in our regions.

As rural doctors, we see health inequities every

day. There are fewer services. As well as fewer resources and fewer health professionals in the bush. And as a result, this has a great impact on disease, life expectancy, and mental wellbeing.

Rural Doctors Foundation is caring, committed and connected to rural and remote communities.

Our rural health charity creates change at the local level. Working on projects that directly help rural and remote communities improve their health. The people we serve in rural and remote communities have unique needs. Rural Doctors Foundation recognises their diverse health needs. Our work supports First Nations health and the vibrancy of Indigenous communities. As well as farming communities, and regional townships. For us, it's about working with remote and rural people, on the ground, to deliver the right support, in the right way.



## 2. Our voice

### If the copy is to be used in a legal document or is more formal communication to donors include the following statement.

Established in 2014, Rural Doctors Foundation Ltd is a registered not for profit organisation with both Health Charity and Deductible Gift Recipient (DGR) status.

### 2.3 The words we use

Being an inclusive organisation, we always use non-discriminatory language. The communities and people we assist are inspiring, strong and resilient. We use words such as serving, working with, assisting, supporting, and providing opportunities.

We use 'our' and 'we' in writing but not until after first mentioning 'Rural Doctors Foundation' to make it clear who the 'our' or 'we' refers to. 'Rural Doctors Foundation' should be introduced again throughout longer copy to aid comprehension, and to be less repetitive.

#### Examples include:

We use	We do not use
Chair	Chairman
People with disability	Disabled people
Person with mental ill health or person with mental illness	Mentally ill
Aboriginal with capitals when referring to Australian Aboriginal people	aboriginal
Dr when referring to a doctor's qualifications or when addressing a doctor in a letter	Dr. or DR

### 2.4 Our writing style

Rural Doctors Foundation follows the writing rules in the Commonwealth of Australia Style manual. Following is some key points from this guide.

#### Use Australian English

Use Australian rather than American English. To change the language in Microsoft Word:

- Under Review, select Language and then Set Proofing Language.
- Select English Australia then click on Set as Default and OK.

#### Use sentence case

We use sentence case when writing copy and in headings. That means you start your sentences with a capital letter and only use capital letters elsewhere for proper nouns and acronyms.

#### Avoid acronyms where possible

Spell out the name at first mention and specify the short version in brackets. For example, National Disability Insurance Scheme (NDIS). You can then use the short version for all other references. Try not to use acronyms when writing or speaking to anyone who may be unfamiliar with them. Avoid using medical or sector jargon. Using commonly used language and full terms demonstrates respect and ensures we remain accessible or inclusive.

#### Ampersands (&)

Use 'and' unless the ampersand is part of an official name.

#### Quotation marks

Use double quotation marks for direct speech, whether it is a full sentence, a sentence fragment or more than one sentence.



## 2. Our voice

“The government can’t meet every need so it’s very important that organisations like Rural Doctors Foundation exist to ensure those in rural and remote communities receive the support they need,” Dr Dan Halliday said.

### Emphasising words

Use single quotation marks for a word or phrase that requires emphasis or has a specific shared understanding for the reader. For example: “Rural Doctors Foundation has strong concerns about the ‘inequity’ of access to health care” Dr Dan Halliday said.

### Use simple language

Use ‘begin’ (instead of commence), ‘try’ (attempt), ‘said’ (stated), ‘a few’ (small number of), ‘told’ (informed), ‘most’ (majority), ‘while’ (whilst)

### Bullet points

- Use a colon at the end of the paragraph before the bullet point.
- If the bullet point is a full sentence, start with a capital and end with a full stop (as in this example).
- If the bullet point is a sentence fragment, don’t start with a capital and have no punctuation except at the end of the bullet point series.
- Bullet points are to be in the same font as the text.
- Don’t mix full sentence and sentence fragment styles within one bullet point list.
- Only use numbered lists to show priority, chronology or to assist identification.

Microsoft Office defaults to a capital letter at the beginning of a bullet point. This is acceptable for documents created using Microsoft applications.

### Dates

Use date/month/year—29 October 2021 rather than 29th October 2021. When adding the day of the week, use Thursday 6 November 2021.

### Numbers

Spell out numbers from one to nine. Write the rest in numerical form. Never begin a sentence with a number in numerical form such as ‘700 people live in rural and remote communities...’ Use ‘Seven hundred people live in rural and remote communities...’

The only exceptions are in fundraising copy and where a message needs to grab attention quickly and succinctly, for example pull-up banners, small space advertisements or calls to action.

For large numbers, use commas - 1,000 rather than 1000.

### Times

Use 10 am not 10.00 am.

Use 10–11 am and 10.30–11 am, not 10.00 pm–11.00 pm or 10.30 am–11.00 am.

2.5 How we answer the phone

‘Good morning, Rural Doctors Foundation, this is Fran speaking.’ How can I help you today?

Depending on time of day, this may be

‘Good afternoon, Rural Doctors Foundation, this is Fran speaking.’ How can I assist you today?

Please note the order of the words are important because sometimes the beginning of your greeting may be cut off. The inclusion of the greeting at the beginning ensures that the important information such as the name of the organisation and your name are clearly heard.



### 3. Our logo

#### **First impressions count**

People often notice the visual aspects of a brand first – like the logo, colours and images an organisation uses to communicate. They instantly form opinions and feelings about the organisation. So, it is important that our visual identity not only stands out, but also reflects our core values and purpose and supports the message we are working to convey.

The standard of our publications, promotions, forms, signage, or any activity that carries the Rural Doctors Foundation logo must be of a quality that reinforces our image.





## 3. Our logo

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Primary landscape logo

### 3.1 Our logo

Our logo represents the wrap around care that is provided by rural doctors. It is about how we embrace the communities in which we work and how they embrace the rural doctors into the heart of the community. The icon device is a visual representation of our tagline – Caring, Committed, Connected.

The colours have been chosen to reflect the wide expanse of sky and grass that covers much of our rural landscape. They are bright and vibrant to represent the innovation and progressive nature of Rural Doctors Foundation.



# 3. Our logo



Landscape logos

Portrait logos

## 3.2 Logo options

The primary logo to use is the landscape version for a white background. However, we know this isn't always possible and so we have alternative versions.

There is a portrait version, reversed and an all white version.

The reversed out versions are available for use on the Green Fern, Sky Blue or Deep Blue background.

The preferred logo placement is positioned on the top left or bottom right of any piece of communication. Layout limitations sometimes mean this is not possible. If this is the case then using centred, top right or bottom left should be considered if the recommended placement interferes with key design or functional elements.

When using the logo on textured backgrounds, imagery, or on a Sky Blue coloured background use the white version of the logo. This would apply on items such as clothing and signage where the Sky Blue colour forms part of the background.



## 3. Our logo

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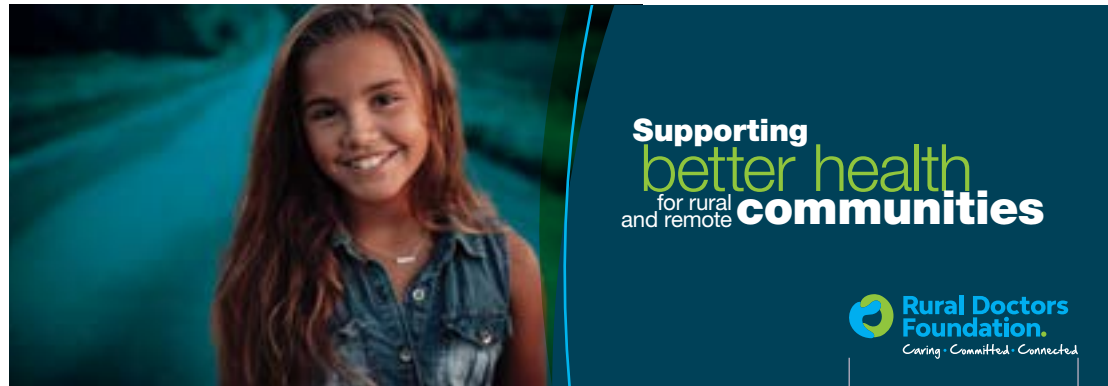


### 3.3 Let the logo breath

Everybody needs their personal space and so do our logos. Technically it's an area of isolation, but that sounds too formal and a bit lonely. We like to call it breathing space. All our logos need a little bit of that to help them shine. For each logo the breathing space is half the height of the R in Rural.



## 3. Our logo



70 pixels



### 3.4 Logo usage

For social media, the logo should be no smaller than a pixel height of 70 pixels at a resolution of 72dpi. The logo is provided as .png for digital applications. The logo has no background, that should be added within the application.

When using the logo on web applications, a minimum pixel height of 110px is recommended

For any printed materials, logos supplied as .ai files. Don not use .png files for print collateral.

The logo should never be produced smaller in printed documents than 10mm in height.

# Projects Committee Terms of Reference

Updated 7 December 2022

**Version 1.1**

## 4. Our colours

### **First impressions count**

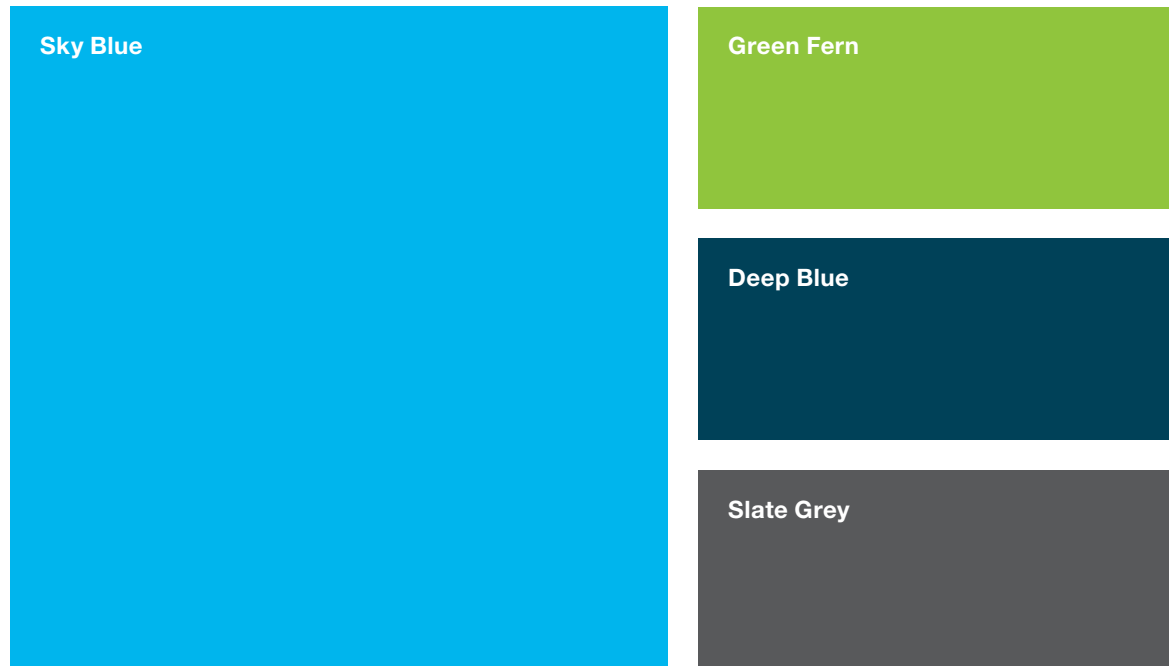
People often notice the visual aspects of a brand first – like the logo, colours and images an organisation uses to communicate. They instantly form opinions and feelings about the organisation. So, it is important that our visual identity not only stands out, but also reflects our core values and purpose and supports the message we are working to convey.

The standard of our publications, promotions, forms, signage, or any activity that carries the Rural Doctors Foundation logo must be of a quality that reinforces our image.





## 4. Our colours



### 4.1 Our colours

The primary colour for all communication pieces is Sky Blue. The secondary colours are Deep Blue and Green Fern. Our final colour, used mainly for text is Slate Grey.

#### Sky Blue

CMYK: 79 | 3 | 0 | 0

RGB: 0 | 180 | 237

HEX: 00b4ed

HTML: 0066cc

#### Green Fern

CMYK: 48 | 0 | 100 | 1

RGB: 144 | 197 | 61

HEX: 90c53d

HTML: 99cc33

#### Deep Blue

CMYK: 100 | 8 | 11 | 74

RGB: 0 | 65 | 88

HEX: 004158

HTML: 003366

#### Slate Grey

CMYK: 0 | 0 | 0 | 80

RGB: 88 | 89 | 91

HEX: 58595b

HTML: 666666



## 4. Our colours



### 4.2 Sky Blue

Sky Blue should be the most prominent colour in all our communication. It may sometimes be difficult to use this colour for type but it should be used as a background or a highlight so there is a stronger sense of this colour than any other.

For merchandising items, clothing or designing signage, the prevalent colour should be Sky Blue, wherever possible.



### Sky Blue 100% down to 10%



R 0	R 25	R 51	R 77	R 102	R 128	R 153	R 179	R 204	R 230
G 180	G 188	G 195	G 203	G 210	G 218	G 225	G 233	G 240	G 248
B 237	B 239	B 241	B 243	B 240	B 246	B 248	B 250	B 251	B 253

### 4.3 Tints

If you need to use tints of Sky Blue, Green Fern or Deep Blue then use only whole numbers like 10%, 20% 30% etc

### Fern Green 100% down to 10%



R 144	R 155	R 166	R 177	R 188	R 199	R 210	R 222	R 233	R 244
G 197	G 203	G 209	G 214	G 220	G 226	G 232	G 238	G 243	G 249
B 61	B 80	B 100	B 119	B 139	B 158	B 177	B 197	B 216	B 236

### Deep Blue 100% down to 10%

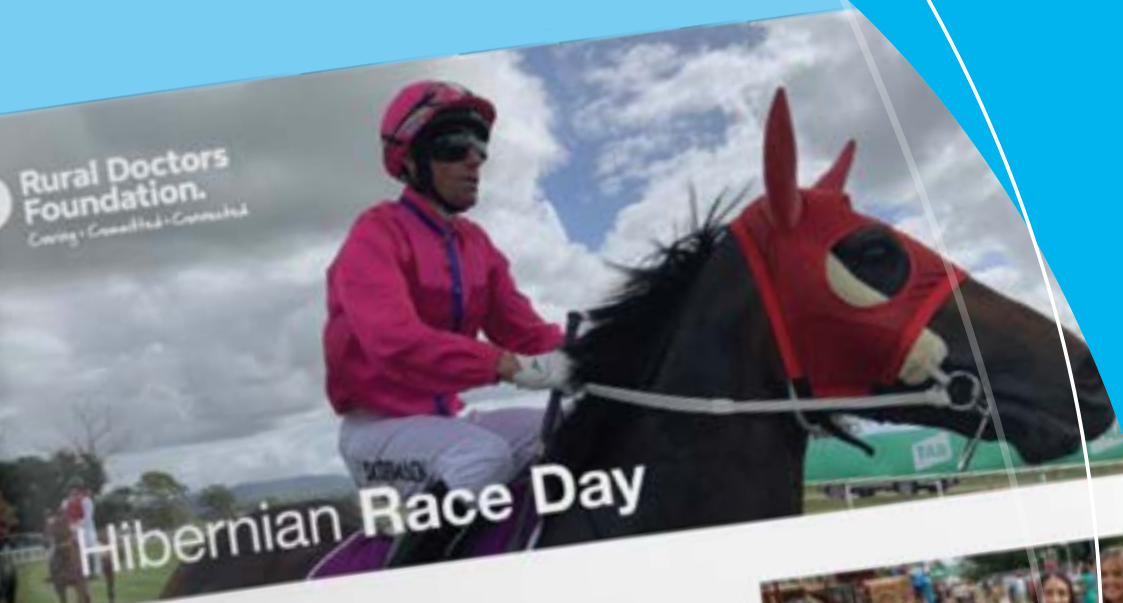


R 0	R 25	R 51	R 77	R 102	R 128	R 153	R 179	R 204	R 230
G 65	G 84	G 103	G 122	G 141	G 160	G 179	G 198	G 217	G 236
B 88	B 104	B 121	B 138	B 155	B 171	B 188	B 205	B 222	B 238

### Slate Grey 100% down to 10%



R 88	R 105	R 121	R 138	R 155	R 172	R 188	R 205	R 222	R 238
G 89	G 106	G 122	G 139	G 155	G 172	G 189	G 205	G 222	G 238
B 91	B 107	B 124	B 140	B 157	B 173	B 189	B 206	B 222	B 239



# Hibernian Race Day

- 7,152 people saw social media
- Over 500 attendees
- Over \$13,000 raised

## THE OPPORTUNITY

The Hibernian Race Day is an annual horse racing event held at a beautiful rural raceway. Rural Doctors Foundation is the charity partner for Hibernian Race Club until 2024. The Hibernian Race Club donates most of the profit from the event to Rural Doctors Foundation.

## THE APPROACH

The event is well publicised and is considered a must do for those in social circles. The Race Day attracts more than 500 attendees coming from far afield to attend this iconic event. The program features horse racing supplemented by the quintessential Australian yabby racing, fashions on the field and even a jumping castle for the kids. Food trucks abound supplying a wide range of quality, freshly made food. There are bookmakers on-site and several bars open for punters.

## RESULTS

Over \$13,000 was raised demonstrating the unique spirit of our rural communities. The event also increased awareness with our social media activity seen by over 7,152 people with high engagement rates of up to 12%.



Next year's event is scheduled for Saturday 6 May 2023

The event offers opportunities to showcase your brand to clients and supporters in a vibrant, relaxed environment. It provides a platform to connect with the community and support our mission.

## How your support helps

- Provides life-saving equipment to rural and remote communities
- Delivers health education and remote care services
- Funds health research to understand better how to support those living in rural and remote areas
- Offers grants to improve health services in remote areas

## 5. Our typefaces

### How what we say looks

What we say matters, and how it looks also matters. Our choice of typefaces gives us flexibility to communicate our message across both print or digital media.



## 5. Our typefaces

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Helvetica Neue Roman  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
abcdefghijklmnopqrstuvwxyz  
0123456789 !@#\$%^&\*()

**Helvetica Neue Bold**  
**ABCDEFGHIJKLMNOPQRSTUVWXYZ**  
**abcdefghijklmnopqrstuvwxyz**  
**0123456789 !@#\$%^&\*()**

*Helvetica Neue Roman Italic*  
*ABCDEFGHIJKLMNOPQRSTUVWXYZ*  
*abcdefghijklmnopqrstuvwxyz*  
*0123456789 !@#\$%^&\*()*

***Helvetica Neue Bold Italic***  
***ABCDEFGHIJKLMNOPQRSTUVWXYZ***  
***abcdefghijklmnopqrstuvwxyz***  
***0123456789 !@#\$%^&\*()***

### 5.1 Type in print

When designing and printing material our preferred font is Helvetica Neue. To replicate this font in Microsoft applications, Arial is the preferred font. In Word documents body copy should be 10pt with 1.5 spacing.

Templates have been set up to ensure consistent use of the font and colours across titles, headings and body copy.

### 5.2 Digital applications

In PowerPoint, Word and other software applications where Helvetica Neue isn't available Arial is used.

Templates have been set up to ensure consistent use of the font and colours across titles, headings and body copy.





## 5. Our typefaces

### 5.3 Online

Some applications do not have Helvetica Neue or Arial font. Roboto is to be used when Helvetica Neue or Arial is not available.

The handwritten script used for the word Caring. Committed. Connected is Hand of Sean.

<https://www.myfonts.com/fonts/sean-johnson/hand-of-sean-pro/>

### 5.4 Website

When working on our website, styles have been set up to ensure consistency.

They are as follows:

Style	Colour	Font and font size
Heading 1	Sky Blue or White	Helvetica 45px
Heading 2	Deep Blue	Helvetica 45px
Heading 3	Sky Blue	Helvetica 30px
Heading 4	White	Helvetica 30px
Heading 5	Sky Blue or White	Helvetica 20px
Heading 6	Deep Blue	Helvetica 20px
Paragraph		Helvetica 15px
Paragraph Bold		Helvetica Bold 15px
Caption		Helvetica Italic 15px
Quote		Helvetica 25px
Quote attribution		Helvetica 20px
Call to action buttons	White with Sky Blue text	Default font



## 6. Design elements

To help build the look and feel of our brand we have our curves. The curves are derived for our symbol and help to make our brand identity more impactful and memorable.

As well as the curves the identity is built with consistent use of colour and importantly, a consistent use of white space.



## 6. Design elements



### 6.1 Our curves

Our curves are design to help build our visual identity. The curves can be simple lines or coloured shapes.

When used as a stroke the strokes can be opaque or semi transparent. When used as a solid colour, the colour can be solid or partly opaque, if you use a solid colour, only one shape should be solid. You should use at least 3 curves to make and design element.



## 6. Design elements

Text	Colour	Size
Line 1	Sky Blue	10px
Line 2	Deep Blue	10px
Line 3	Sky Blue	10px
Line 4	Deep Blue	10px
Line 5	Sky Blue	10px
Heading 6	Deep Blue	16px

### 6.2 Tables

Tables should not be boxed in with far left and far right edges being open. Columns and rows should be defined in a tint of grey at 20%.

Table headers should be Sky Blue with white text in bold.

Title and table copy should be the same font size.

The line thickness should be .1mm.

See the example left.



## 6. Design elements

### 6.3 Use of white space

Use of white space is encouraged to give our documents a feeling of freedom and expansiveness.



Dr Dan Halliday  
Chair

### Report from the Chair

**2021 can certainly be described as one of change for those working in the health sector. I am pleased to report that Rural Doctors Foundation emerges from such a tumultuous year, stronger and even more excited about what the future will hold.**

One of the most significant changes is that our name has changed from RDAQ Foundation to Rural Doctors Foundation. Slight amendments have also been made to our Constitution. On the surface, this might appear like a small change, but it signals the next phase of growth for the Foundation. Although our heart will always be in rural and remote Queensland, this change enables an extension of our vital work with rural and remote communities work beyond our borders. This is vitally important if Rural Doctors Foundation is to realise its goal of growing its fundraising revenue to be able to support more rural and remote communities in need. This change has already seen us provide support to GPs impacted by the recent floods, not only in Queensland but to Lismore and surrounding areas in NSW.

Our Board continues to strengthen the governance of the Foundation. We have seen the appointment of three new non-medical Directors. Rohan McPhee brings legal expertise; Liam O'Brien is a risk and compliance specialist, and the financial expertise of Amanda Roser has made a significant impact on the depth and quality of the Board discussions and deliberations. We also welcomed Raymond Lewandowski as the RDAQ nominee for the year and RT (as most people know him), has bought his experience as a rural GP to the table. We have further developed our governance structures and the 2022-2025 Strategic Plan and Business Plan was approved by the Board.

The Board defined four key objectives for the organisation for 2021 and I am delighted to report that all outcomes have been met.

Our financial position looks very different than 2020 as we begin the journey of raising funds outside of the one-off gifts which we have been blessed to receive in previous years. Our expenses reflect the additional cost of dedicated staff and an investment in marketing. We welcomed Fran Avon to the role of General Manager and Janelle McCarron as Executive Assistant. We also secured the services of Right Source to provide financial support and advice and have built our awareness with a new website and increased social media and profile building activity.

There is a commitment to grow our fundraising income understanding this takes time, commitment, and concentrated effort. The fundraising income expectations for 2021 were just above target and 2022 has started strongly. The Board of Rural Doctors Foundation are confident that the investment in staffing and fundraising will deliver the income required to move us to a surplus position (outside of any one-off gifts) within four years. We have also streamlined our investment strategy to ensure we are capitalising on the changes within the investment market with the guidance of Morgans Tynan and the support of our Finance, Risk and Investment Committee.

**The Board defined four key objectives for the organisation for 2021 and I am delighted to report that all outcomes have been met**

Our commitment to supporting rural health was demonstrated by our investment of close to \$300,000 in programs to improve rural health outcomes. Rural Doctors Foundation has made significant inroads in building awareness of our work with several major projects delivered.

#### These include:

- Delivering over 100 free health checks to those living in rural and remote communities
  - Funding mental health workers in rural and remote communities
  - Creating opportunities for over 60 medical students and interns to practice alongside senior rural health professionals
  - Funding and advocating for the provision of over 150 COVID Medihoods to rural and remote hospitals across Queensland
  - Conducting research with rural and remote communities to better understand their health needs
  - Funding suicide prevention programs in Cherbourg
  - Offering online yoga classes to 90 people in rural and remote communities
  - Funding much needed health services in the Western Cape region
  - Funding equipment to improve eye health for indigenous communities
- We have provided funding to Rural Doctors Association Queensland for initiatives including medical student programs, support for rural careers and junior doctors, and medical education and mentoring programs.

As Chair for the past two years and my tenure commencing just as COVID was emerging, I was privileged to work alongside such a committed and passionate Board. Alongside our dedicated team, the Board continued to support the Foundation despite an overwhelming workload that stretched resources beyond anything we have experienced. I thank our Board members who have stepped down this year – Tash Coventry, Tom O'Donnell and Clare Walker for their contributions and role in growing the Foundation.

As I step down from the role of Chair at the upcoming AGM, I would like to acknowledge and thank the work of our Board members and the Executive team. I am committed to continuing as a Board member for many years to come.

2022 promises to be an exciting year as we share a common vision and there are many people now seeing that vision come to fruition. I am humbled to see the dream held by a few rural doctors formed back in 2011 is now a reality – we are improving health outcomes for rural and remote communities.

Dr Dan Halliday  
Chair



**We have continued to provide funding to Rural Doctors Association Queensland**





## 7. Our photography

Our hero images are distinctive and reflect the remoteness and grit of the rural areas we support. They show the expansiveness and are more often represented in a landscape format.

They are gritty and authentic, showing real people, real emotions and real situations. We strive to evoke an emotive response by telling our stories in a striking way.



## 7. Our Photography



### 7.1 Photographing our people

Our program images should have people at the heart of the image. Where possible, the personal impact of the program should be the feature – not the clinical or technical nature of the program. Photos that are too clinical or do not show relationship between people should be avoided.

The junction between image and text should be blended with the use of our curves. There should be at least 3 curves using different colours, tints, colours with opacity or strokes.

Preferred photo size for social media is:  
600 x 600 for square images and  
600 x 400 for landscape images.



Annual Report  
for the year ended 31 December 2021

## 8. Use of paper stock

Our paper stock is not glossy. It has a ruggedness and strength to it.



## 8. Our paper stock

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The paper stock we use is White Knight/  
Pacesetter Laser.

For DL flyers, it is 140gsm.

For Annual Reports and longer documents, the  
cover is 210gsm and the internal pages are  
120gsm. Binding is saddle stitched.

For business cards, it is 420gsm.

For posters it is 260gsm Lustre with matt  
laminate.



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