Common Core Claims for all agreements

1 No reduction in conditions.

2 5.5% per annum or CPI (whichever is greater) salary increase for each year of each agreement.

3 15.4% superannuation guarantee to be comparable to the Commonwealth APS.

4 Removal of HP3, ASO6 or equivalent overtime barrier.

5 Status Quo to remain through the whole dispute settlement procedure.

6 Additional shift worker annual leave provision to be brought in line with the NES and applied to both Permanent Part Time and Full Time staff fairly.

7 Inclusion of on-call and close call hours when assessing excessive hours to address issues of fatigue.

8 Automatic Conversion for casuals where service exceeds 6 months and there is a reasonable expectation of ongoing employment.
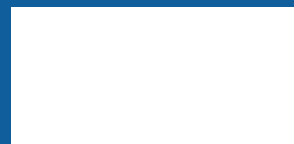
9 Soft barriers for professional streams.

10 Appeals process changed when misconduct discovered.

Contact Details

Full Name:

Date of Birth:

Gender: Man ☐ Woman ☐ Other ☐

Phone:

Email:

Address:

Employment

Workplace:

Job title:

If you have a second Job:

Workplace:

Job title:

Who signed you up?

Name:

Signature: **Date:**

By signing this membership form, you agree to the terms and conditions of HSU membership and our privacy policy which can be accessed via www.hsu.asn.au and you consent to us collecting, using, holding and disclosing your information as detailed therein. If you do not consent to any aspect of our privacy policy as it applies to you, please notify the HSU via email, info@hsu.asn.au

Direct Debit Request: Please debit my Bank Account OR Credit Card Please enter 'x' for your preferred option

☐ $22.20 Fortnightly   ☐ $48.10 Monthly   First payment date: ☐☐ / ☐☐ / ☐☐

Your request and authorise HSU (user ID No. 017797) / HSU NSW Branch (user ID No. 428556) to arrange, through its own financial institution, a debit to your account described in the schedule above, any amount HSU / HSU NSW Branch has deemed payable by you. You acknowledge that you may be charged a pro rata amount if the first regular payment falls after the date this form is signed. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your nominated account below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement
NOTE: Where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day.

Bank Account Details

Name of account holder:

BSB Number: Account Number:

OR

Credit Card Payment: Please enter 'x' for your preferred option

Please charge my: ☐ Mastercard   ☐ Visa   ☐ American Express

Card no: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐   Expiry Date: ☐☐ / ☐☐

Authorised by: Gerard Hayes Secretary HSU NSW/ACT/QLD   Direct Debit Service Agreement