

# LET'S COMPARE:

## Healthscope claims:

- 3-year agreement - **NO BACKPAY** from October 2021
- Removal of copied state award employees at Northern Beaches - **loss of conditions and wages**
- **Reduction in workers rights** to consultation, flexibility and disputes

**Updated and modern facilities**

*with*

**Outdated wages and conditions**

## HSU members claims:

- Immediate **4% increase** backdated to 1st October 2021
- **9% per year increase for 3 years**
- Pandemic bonus
- Increased shift penalty
- Northern Beaches copies state employees to remain on the state copied agreement
- **Genuine consultation** about major workplace change; improvements to dispute resolution procedure
- **Staffing levels:** special consultation rights on staffing changes and short staffing
- More **supportive classification structures**, remuneration and professional pathways

**JOIN THE FIGHT  
JOIN THE UNION**



# YES! I would like to join the Health Services Union



## 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](http://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](mailto: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:  /

