

# THE WAGES POLICY IS **RIPPING OFF** OUR HEALTH WORKERS

The current Public Sector Wages Policy was introduced in 2011 by the NSW Liberal Government. At the same time, the Government changed the law to ensure the IRC was bound by the rules of the Wages Policy.

The law restricts the IRC's discretionary powers and prevents the Commission from awarding increases above 2.5%.

The change in laws has effectively bound the IRC to the decisions of the NSW Government.

The IRC can now have no regard for what is fair or just remuneration, which is the entire purpose of the Commission.

The IRC is now required to rubber stamp the Government's Wages Policy regardless of the merits of the Union's claim.



Join the HSU, [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or call 1300 478 679

Phone: 1300 478 679 Fax: 1300 329 478 Email: [info@hsu.asn.au](mailto:info@hsu.asn.au)

Authorised by: Gerard Hayes - Secretary HSU NSW/ACT/QLD



ABN 85 037 751 682

**Health Services Union**Level 2, 109 Pitt Street  
Sydney, NSW 2000Phone: **1300 478 679**  
Fax: **1300 329 478**Web: [www.hsu.asn.au](http://www.hsu.asn.au)  
E-mail: [info@hsu.asn.au](mailto:info@hsu.asn.au)Twitter: <https://twitter.com/hsunsw>  
facebook: <https://www.facebook.com/HealthServicesUnionNSW>

## I wish to become a member of the HSU New South Wales Branch and Health Services Union

Surname:  Given Name(s): DOB:  Occupation/Classification: Worksite: **Employment Status** (please tick ☒ one box below): Department / Ward What is your Award Classification? Full Time ☐ Part Time ☐ Casual ☐ Hours worked per week Home Address:  Postcode: \*E-mail: Home Phone:  Mobile: Work Phone: Signature: Date:  /  / HSU Delegate Name: HSU Delegate Membership No: 

By signing this membership form, you agree to the terms and conditions of our privacy policy, which can be accessed at <http://www.hsu.asn.au/privacy-policy/> 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 Privacy Officer in writing attention to Privacy Officer - HSU Locked Bag 3 Australia Square NSW 1215

**Payment Method: Direct Debit Request** ☒

Please debit my Bank/Credit Card account

☐ **Fortnightly**Please start my Fortnightly Debit on  /  /  (day/month/year)☐ **Monthly**

All Monthly debits occur on the first of every month.

*Note: where your debit day (fortnightly / monthly) falls on a public holiday, your account will be debited on the next business day*

I request you, until further notice in writing, to debit my/our account described in the schedule above, any amount which HSU (user ID No. 017797) / HSU NSW Branch (user ID 428556) may debit or charge me through the Direct Debit System.

**ORGANISER REMARKS / NOTES****Bank Account Details - Name of the account holder (Schedule)**Surname:  Given(s): BSB Number:       Account Number:          Name of Financial Institution: **Credit Card Payment**Please charge my; Mastercard ☐ Visacard ☐ American Express ☐Card No:               \$  Expiry Date:  /