

2018 Delegates Conference Leave Request Form

Dear Member,

Further to Newsletter 337 sent on 19 June ([2018 Delegates Conference - 'Change the Rules'](#)), the HSU has designed a leave request form to make the process simpler for delegates planning to attend this year's conference.

The leave form is attached to this newsletter. Please complete the form and submit it to your employer.

A copy of the conference registration form can also be found attached to this newsletter. Conference registration closes on **22 July 2018**. If you wish to attend conference and haven't yet returned your registration form, please make sure you do it as soon as possible to avoid disappointment. Each sub branch will be able to send two delegates and registration forms should be sent to agm@hsu.asn.au.

If you have any questions or concerns, please contact your HSU organiser or call the union on 1300 478 679.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD

2018 HSU Delegates Forum Leave Request



Health Services Union
ABN 850 3775 1682

Sydney Office
Level 2 - 109 Pitt Street
Sydney NSW 2000

Postal Address
Locked Bag 3
Australia Square
NSW 1215

Tel: **1300 478 679**
Fax: **1300 329 478**
Web: www.hsu.asn.au
E-mail: info@hsu.asn.au

Dear Employer,

I wish to advise that:

(Name)

(Name)

has/have been elected by the Sub-Branch/Worksite as the accredited delegate(s) to attend the **2018 Health Services Union Delegates Forum**.

The HSU Delegates Forum is to be held on Sunday 30th September and Monday 1st October 2018.

I would appreciate if the elected delegate/s could be granted Special Paid Leave to enable them to attend and represent their respective Sub-Branch/Worksite at the Conference.

Yours faithfully,

Gerard Hayes
Secretary HSU NSW/ACT

**PLEASE SUBMIT THIS LETTER
TO YOUR EMPLOYER**



2018 HSU Delegates Forum Registration Form

Sunday 30th September– Monday 1st October 2018 @ Rydges World Square

PLEASE COMPLETE ALL SECTIONS BELOW

Personal Details

Name: _____ Member Number: _____
Home Address: _____
Suburb: _____ State: _____ Postcode: _____ Phone (home): _____
E-mail: _____ Mobile Number: _____

Conference Catering

Welcome Dinner Sunday 30th September YES NO

Clearly indicate any **SPECIAL DIETARY REQUIREMENTS** below:

Air Travel

NO, I DO NOT require air flights

YES, Please arrange my air travel from my closest airport on Sunday 30th September returning on Monday 1st October

My closest Airport is: _____

For flight booking purposes, please provide your FULL NAME, as it appears on your driver's licence or other photo ID that you will use to check-in at the airport. This includes middle names, if shown on the ID:

My full name as shown on my ID card is:

Comments:

Accommodation

NO, I DO NOT require accommodation

YES, please arrange my accommodation for Sunday 30th September. **AVAILABLE ONLY IN TWIN SHARE**

If another accredited delegate is attending Conference and you would like to share a twin room, please complete below:

I would like to share a twin room with:

Firstname: _____ Lastname: _____

Are you a smoker **YES** **NO**

Comments:

Registration MUST be received NO LATER than Sunday 22nd JULY 2018