

## **CCLHD Parking Fees: Date confirmed for NSW Parliament debate**

Dear Member,

We have received the attached advice to confirm our petition against the increase to parking fees at Gosford will be debated in NSW Parliament at 4pm on Thursday 19<sup>th</sup> September.

Every health worker and community member who supported our effort should be proud of our campaign achievements so far, but this is only one step along the path. We will keep campaigning until Central Coast Local Health District or the NSW Ministry of Health change their policy and make hospital parking free for all health workers and the community.

We need as many members as possible to be in the public gallery at Parliament and witness democracy in action firsthand. If you want to know more or would like to attend, please contact your Organiser Brendan Roberts via email [brendan.roberts@hsu.asn.au](mailto:brendan.roberts@hsu.asn.au) or mobile 0425 181 361.

If you know someone who supports the campaign but hasn't yet joined their Union, encourage them to visit [www.hsu.asn.au/join](http://www.hsu.asn.au/join) or complete the attached membership form. We are stronger together.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD

26 AUG 2019



# David Mehan MP

STATE MEMBER FOR THE ENTRANCE

15 August 2019

Mr Gerard Hayes  
Secretary  
Health Services Union NSW  
Locked Bag 3, Australia Square  
SYDNEY NSW 1215

Dear Mr Hayes

*Gerard,*

**RE: Hospital Parking**

I am pleased to announce that a petition seeking fairer parking at Gosford and Wyong Hospital has reached over 10,000 signatures.

The petition will now be debated in NSW Parliament with a Ministerial response required during the debate.

I understand the importance of this petition to your members.

Please find below the details for the debate should you or your members wish to attend:

**Date:** 19 September 2019

**Time:** 4.00pm debate starts

**Location:** Parliament of NSW

6 Macquarie St, Sydney NSW 2000

Please advise if your union will be send a representative to the debate at [theentrance@parliament.nsw.gov.au](mailto:theentrance@parliament.nsw.gov.au) or on 4334 1012.

Kind Regards,

A handwritten signature in blue ink, appearing to read 'David Mehan'.

David Mehan MP  
Member for The Entrance



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ABN 85 037 751 682

## 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: DAY / MONTH / YEAR

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 (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: MONTH / YEAR