

# BARGAINING CLAIM

**DENIED**

# BY MANAGEMENT

HSU members are demanding that all health workers **get the same annual leave entitlements.**

HSU members get 4 or 5 weeks paid leave per year, while nurses can get up to 7 weeks. **This just isn't fair.**

When HSU members demanded equality, management said they were fine with this inequality.

How do you feel about this? Will you take up the fight for better conditions?  
**Have your say via the QR.**



**HAVE  
YOUR  
SAY**

# 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:  /

