

AWARD SUBSCRIPTION

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DO YOU KNOW WHAT AWARDS AND LEGISLATION APPLY TO YOUR WORKPLACE?

If you wish to receive the latest updates and relevant legislation, join the Award Subscription Service today.

IF YOU ANSWER YES TO ONE OR MORE QUESTIONS BELOW HERE IS A SOLUTION FOR YOU

- ✓ Do you have trouble understanding the awards and would like assistance with interpretation of the awards?
- ✓ Do you question yourself whether you are using the latest version of the Awards?
- ✓ Do you spend valuable time calculating Rates of Pay?

SUBSCRIBE TO THE WORKPLACE RELATIONS AWARD SUBSCRIPTION SERVICE NOW AND RECEIVE:

National Employment Standards

10 minimum standards that apply to all National System Employees with no exemption.

Rates of Pay

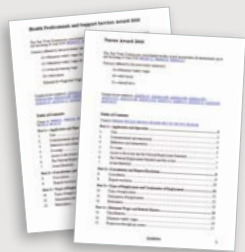
- ▶ Health Professional Employees
- ▶ Support Service Employees
- ▶ Nurses

Regular updates ensuring latest copies of Awards and Rates of Pay

Assistance with interpretation of Awards and legislation

Monthly Newsletter that provide practical guidance

Discounts to workplace relations training



UPDATES TO THE AWARDS AND LEGISLATION RELEVANT TO PRIVATE PRACTICE



MONTHLY NEWSLETTER



DISCOUNT ON WORKPLACE RELATIONS TRAINING



ONE YEAR FREE AWARD SUBSCRIPTION SERVICE WHEN PURCHASING ALL THREE WORKPLACE RELATIONS MANUALS

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Thank you for registering / renewing your subscription to the Award Subscription Service. Should you have any queries regarding your subscription, please contact the Workplace Relations Team on (07) 3872 2211 or email workplacelrelations@amaq.com.au

Our aim is to provide quality service tailored to your needs, which is why we encourage you to give us feedback on your satisfaction with the service provided. You can provide us with feedback via phone or email.

YOUR DETAILS

Member Name: _____

Practice: _____

Attn mail to: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

PLEASE SELECT

New registration

Renewal

INFORMATION VIA

Email

Post
(\$26.40 surcharge per year applies)

PRICING

AMA Queensland member \$175

Non member \$375

SELECT THE AWARD THAT APPLIES TO YOUR BUSINESS

Nurses Award 2010

Health Professional and Support Services Award 2010

PAYMENT

Credit card: \$ _____ Visa Mastercard AMEX

Card number: | | | | | | | | | | | | | | | | | | | | | |

Expiry date: _____ / _____

Cardholder's name: _____

Signature: _____

Direct deposit for \$ _____ Receipt number: _____

Bank of Queensland, BSB: 124 084 | Account: 10 032 949

*Please quote member number and Practice name within transfer description.

I enclose a cheque for \$ _____ (payable to AMA Queensland)

PLEASE COMPLETE AND RETURN BY:

E-mail:
workplacelrelations@amaq.com.au

Fax:
(07) 3856 4727

Privacy information:
AMA Queensland's primary purpose of collecting personal information on this form is to process your purchase. In providing your details you consent to your personal details being used in the manner indicated. ABN: 17 009 660 280



FOR MORE INFORMATION

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