

AHP is your union

Constant restructuring, contracting out, job cuts and tough negotiations over pay and conditions are a challenge for everyone.

It pays to belong to the AHP

You may need advice on your rights at work, or someone to represent you or argue your case. In negotiations with your employer, you will need the collective strength that comes from working together, to secure the best deal for yourself and your colleagues.

We are independent and not affiliated to any political party. Our objective is to protect and further your interests as our member.

Additional benefits include:

- ✓ **Discounted shopping through Union Shopper:** savings on a variety of home and personal goods
- ✓ **Legal advice:** access to a free initial consultation with a solicitor in relation to personal matters
- ✓ **Members Equity Bank:** low cost banking for union members, including low-cost personal and home loans
- ✓ **WorkCover Assistance:** access to *Union Assist*, a specialist service for union members providing expert advice and representation on WorkCover matters.

Join today!

By joining up and becoming active, you are giving our Union the capacity to continue to protect and advance your rights and conditions at work.

Join AHP online at ahpv.asn.au/join or complete and return the application overleaf.

If you would like more information, please call AHP on 9623 9624 or email enquiry@ahpv.asn.au

AHP agreements provide key conditions of employment:

- ✓ Professional rates of pay
- ✓ Career structures
- ✓ Higher qualification allowances
- ✓ Generous annual and personal leave provisions
- ✓ Redundancy protection
- ✓ Safer and healthier workplaces
- ✓ Paid Study, Conference and Professional Development leave
- ✓ Paid Parental Leave

You will have access to:

- ✓ Enforcement of your rights regarding pay and conditions of employment
- ✓ Assistance if you are affected by organisational change in your workplace
- ✓ Advice on employment contracts
- ✓ Assistance negotiating your return to work after maternity (or paternity) leave
- ✓ Advice and representation when you're in trouble, including if necessary, representation before the courts or tribunals.
- ✓ A telephone advisory service
- ✓ Detailed website information
- ✓ A weekly newsletter covering current issues relevant to you



Together we are stronger!



association of hospital pharmacists

'AHP works to protect and further our interests'

Become a member today!



Membership Application

I, the undersigned, hereby apply to become a member of the above-named unions (Please print in BLOCK LETTERS)

Title: Dr Mr Mrs Ms Miss

Gender: Male Female

Given names

Surname

Date of Birth

Academic Qualifications

Postal Address

City

Postcode

Home Phone

Work Phone

Fax

Mobile

Email Address

Name of Employer [e.g. Eastern Health, Western Health]

Workplace [e.g. name of Hospital, Health Centre, Clinic]

Department

Classification

Grade [e.g. GR 2/YR 2]

Do you have a current employment problem which may require Union assistance?

Yes No

I support the purposes of the AHP, as set out in the Rules

I agree to comply with the Rules of the AHP

I wish to make application for dual membership of the HSU Victoria No. 4 Branch [no additional fee]

Subscription Options (please tick)

Full-Time Subscription

Annual Subscription [paid yearly]

Direct Debit [paid monthly]

Part-Time Subscription

Annual Subscription [paid yearly]

Direct Debit [paid monthly]

Sessional Subscription
[1 day per week]

Non-Working Subscription
[Parental Leave, overseas, interstate, retired]

Pre-Registration Subscription

For current fees, go to ahpv.asn.au or contact our office on 9623 9624.

Direct Debit Request

Member's Authority

I/We

Authorise the Association of Hospital Pharmacists to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System [BECS].

This authorisation is to remain in force in accordance with the terms described in the AHP Direct Debit Request and Service Agreement, which is available on the AHP website.

Details of the Account to be Debited

Name of Financial Institution

Branch Address

Account Name [name of person/s who hold that account]

BSB Number

Account Number

I/We authorise the following:

1. The AHP to verify the details of the above-named account with my/our financial institution.
2. The financial institution to release information allowing the AHP to verify the above-named account details.

Signed

Date

Customers Address

City

Postcode



Return completed application to
Association of Hospital Pharmacists
Level 1, 62 Lygon Street, Carlton South, VIC 3053