

Member Request for Representation Form

PLEASE READ CAREFULLY BEFORE COMPLETING FORM

What is the Member Request Representation Form?

The Member Request for Representation form is to be completed if you need assistance with an individual issue when your own efforts and those of your ANMF Tasmanian Branch workplace representatives have not been successful. The form ensures the right person in the ANMF receives all the relevant information at the earliest opportunity and can therefore give you the best advice. *If your request for representation is urgent or if you are unsure what to do, you should call the ANMF office on 03 6223 6777 or 1800 001 241 (if outside of Hobart).*

How to get more information or access ANMF Tasmanian Branch services

To obtain more copies of the Member Request for Representation form visit your ANMF website at www.anmftas.org.au/rfr or contact ANMF Tasmanian Branch office or local ANMF Workplace Representatives.

If you require additional information about an existing case or need general information, call the ANMF office on 03 6223 6777 or 1800 001 241 (if outside of Hobart).

Don't complete this form if you want to do the following

Visit the ANMF website www.anmftas.org.au where you can:

- find your Award or Agreement conditions <https://anmftas.org.au/pay-agreements-home/>
- update your membership details: workplace, phone, email and residential address details log in at <https://anmftas.org.au/members/>
- securely pay your ANMF membership fees online. Simply click visit <https://anmftas.org.au/pay-now-2/>

Try your employer's website too

If your employer has a website, important information such as policy sheets, proper processes to follow, guidelines, or specific protocols may all be available to you as an employee. Unfortunately, ANMF officials can only access publicly available information. ANMF officials can request additional information when representing your interests, however your employer needs your written authorisation to release information to the ANMF that is private and confidential between you and your employer. This form may be used as this authority.

And always remember...

ANMF Organisers and other officials are frequently away from the office at workplace visits or meetings, so call the call the ANMF office on 03 6223 6777 or 1800 001 241 (if outside of Hobart), before you visit. If you are put through to a voicemail message bank, please leave a message with your name and number, and the person you have called will get back to you as quickly as possible.



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If you have joined/re-joined the ANMF within the last three months, we recommend reading the ANMF (Tasmanian Branch) Member Representation Policy.

PERSONAL DETAILS:

Name	Membership number
Nursing position	
Contact details (please enter your preferred contact method)	
Phone (H)	Phone (M)
Fax	Email
Postal address	Postcode
Employer	Employer contact name and phone number

YOUR WORKPLACE ISSUES:

Dismissal dd / mm / yy	Grievance matter	Wages matter	Coronial matter
Professional indemnity insurance	Disciplinary matter	OHO and/or AHPRA matter	Other
Workplace health & safety/workers' compensation		Upcoming meeting with employer dd / mm / yy	

Please provide a brief summary of your issue, **also noting any deadline,**

PLEASE ATTACH HARD COPIES OF THE FOLLOWING:

A timeline of events. *Please include where possible: dates of any incidents; any actions you have taken so far; an outline of your outstanding issues*

Any relevant documentation e.g. your letter of appointment/contract, correspondence, payslips, rosters, performance documents, workers' compensation documents, AHPRA notifications etc.

Form continued over page



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OUTCOME SOUGHT:

What achievable result do you want for this issue?

I request that a representative of the Australian Nursing and Midwifery Federation represents me in the matter outlined above.

Sign here

dd / mm / yy
Date of request

After completing and signing this form, please return to the ANMF Tasmanian Branch office:

*182 Macquarie Street, Hobart, Tasmania 7000 **or** Email: ANMF_Enquiries@anmftas.org.au*

A representative from the ANMF will call you to discuss your issue.

OFFICE USE ONLY

Date joined:

Financial to:

Date received:

File No:

Document No:

Action Officer:

Referred on: