

### **INSECURE EMPLOYMENT:**

# **TELL US WHAT YOU KNOW!**

All NSW councils have an obligation to ensure that insecure employment such as Casual, Labour Hire and Term Contract is used in accordance with the Award.

The NSW Local Government Award promotes job security in Clause 2 Statement of Intent, the Award also provides long term casual and labour hire employees employed by councils to request that the position they have been filling which has existed for 12 months or more to be reviewed by the employer to fill it on a permanent or permanent part-time basis, if it is ongoing. This is covered by Clause 28 Casual Employment (11) (b).

Note: The USU has had success in having positions moved from Casual and Labour Hire basis to permanent or permanent part-time as well as having term contract rates, which should be ongoing also filled on a secure employment basis.

We understand there is a place for true casual employment whether it be filled by direct casual employment or Labour Hire and for Term Contracts in specific short-term circumstances.

If you are employed in an insecure role or know of others who are please complete this survey and return it to your USU delegate or Organiser.

The survey can also be completed online by scanning this QR code.





Join today.





www.usu.org.au/join



**PROTECT YOUR RIGHTS IS** BY JOINING YOUR UNION. **SCAN THE OR CODE TO JOIN THE USU TODAY!** 

THE BEST WAY TO

facebook.com/UnitedServicesUnion

### **USU INSECURE EMPLOYMENT SURVEY:**

Name:						
Date:						
Contact details:						
Phone						
Email						
Employer/Council						
If employed through a Labour Hire						
company please list name of company						
Title of position which is being filled by insecure employment						

continued over >>>



## **USU INSECURE EMPLOYMENT SURVEY CONTINUED:**

<b>Type of work performed in position</b> Please tick appropriate box The position is	If no would you like to be provided with information to consider joining?			
□ Casual □ Labour Hire □ Term Contract □ Other	□No			
If other please provide details	Do you know who your local USU Delegate/s are? □ Yes □ No			
How long has the position been filled by insecure employment?  O-3 months  3-6 months  6-12 months  12 months or more	Do you know who your USU Organiser is and their details?  Yes No  If no to either of the above would you like to be provided with their details?  Yes No			
☐ If more please estimate for how long  Are you the employee in the insecure role?  ☐ Yes ☐ No				
If no please provide name/s if possible of the person or persons who have been filling the insecure role	If you are employed in an insecure role or know of others who are please complete this survey and return it to your USU delegate or Organiser.			
	The survey can also be completed online by scanning this QR code.			
Are you currently a member of the United Services Union?  Yes  No				



# **Application For USU Membership**





SECTION A	YOUR DETAILS:			FORM 1-230113. OFFICE USE ON Membership No.	ILY	CAN TO JOIN ONLIN	
			Shara N		5.05	, ,	
NAME: Title: S	urname:	(	Given Names:		DOB:	/ /	
EMAIL: Home:			Work:				
PHONE: Home:	W	ork:		Mobile:			
HOME ADDRESS:					Postcoc	le:	
EMPLOYER:							
WORKSITE ADDRESS:					Postcoo	le:	
OCCUPATION:							
EMPLOYMENT BASIS:	☐ Full Time ☐ Part Time  * Please circle income thresh * Please note subscription rates a	old: A B C D E	F G H I	J K L M	□ Temp	□ Seasonal	
SECTION B	APPLICATION FOR MEN	ABERSHIP:		Financial Obligations: Members with the Rules of the Union.	shall pay subscripti	ons in accordance	
Administrative, Energy, A and the NSW Local Gov of the Australian Municipal agree to abide by the with the Fair Work Act 20 authorise the USU/ASU to	by apply for membership of the I Airlines & Utilities Union (trading a ernment, Clerical, Administrative pal, Administrative, Clerical and Struck Rules of the Union as amended for 1009 (Cth) and the Industrial Relate a act as bargaining agent on my aployment with my employer.	s the United Services Ur , Energy, Airlines & Utilit Services Union (ASU). rom time to time in acc ions Act 1996 (NSW). I r	f, Clerical, nion - USU) ies Branch cordance nereby	Resignation: 1. A member may resign membership of the Union by written notice delivered or sent to the registered address of the Union 2. A notice of resignation takes effect:  a. where the member ceases to be eligible for membership of the L.  i. on the day on which the notice is received; or  ii. on the day specified in the notice, which is a day not earl than the day when the member ceases to be eligible to become a member;  whichever is the later: or			
I understand my authorisation remains in force until I revoke it in writing in accordance with the Fair Work Act 2009 (Cth) and the Industrial Relations Act 1996 (NSW). I have read the information supplied relating to financial obligations of membership and the circumstances and manner in which I may resign my membership.				<ul> <li>b. in any other case: <ol> <li>at the end of two weeks after the notice is received, or</li> <li>on the day specified in the notice; whichever is the later.</li> </ol> </li> <li>Any member resigning shall be liable for the payment of all subscriptions, fines and levies owing to the Union under the Rules at the date of leaving, and such monies may be sued for and recovered in</li> </ul>			
Please indicate the no	me of the person who provided	this membership form t	O VOU.	the name of the Union, subject the Industrial Relations Act 1996 (NS)	to the Fair Work Ac	t 2009 (Cth) and the	
Name of person:	M':	ship No. (if known):		Privacy Statement			
Applicant's Signatur	re: <b>X</b>	Date: /	/	Note: The United Services Union is bound by the <i>Privacy Act 1988</i> (Cth) The Union's Privacy Statement is available by contacting the USU on 1300 136 604 or on the website at www.usu.org.au			
SECTION C	PAYMENT METHOD:						
I, Surname:		Give	en Name/s:				
wish to pay my USU s	ubscription:	ekly 🗆 Fortnig	ıhtly	☐ Monthly [	□ Quarterly		
on a: □ Monday □	Tuesday 🗆 Wednesday	,	,	· · ·			
	DET	AILS OF ACCOU	NT TO BE D	EBITED			
I/We	t described in the schedule belo	w any amount which		further notice, the UNITED S			
Name of Financial Ir		w, any amount writer	The 630 may av	Son or charge me, os micog		JII 37310111.	
	isinonon/bianen.						
Account Name:		atures are required below)	BSB No:	Accou			
subscriptions can be con provided details of more	yer to release my financial institut mmenced from my account. I re than one account to my emplo se in its binding effect by the pas	cognise that my emplo yer, the USU will contac	yer has no finai t me to determ	ncial accountability in this tr nine which account I wish to	ansaction and thuse for paying l	nat if I have	
		OR CREDIT CA	RD DETAILS				
	a Card Number:			Expiry dat	e: /	CVC:	
	OR BPAY/S	TATEMENT/PAYR	OLL DEDUC	CTION OPTION			
☐ I will pay my subscrip		will pay my subscription			d that I will be in	voiced quarterly.	
I/We authorise the fo	llowing: 1. The USU to verify	the details of the abov	ve named acc	ount with my/our Financial in the USU to verify the above		ls.	

I agree at all times to have sufficient funds or credit to ensure the electronic transfers occur irrespective of the method of payment. Failure to pay could

Date

affect whether I am a financial member in accordance with the rules of the union.

Signature/s: