



Northern Territory
Division

Service Agreement

REPLY PAID
PO Box 418, Fortitude Valley Q 4006

QUEENSLAND :
Ph: (07) 3839 7020 Toll Free: 1800 177 937
NORTHERN TERRITORY :
Ph: (08) 8981 1924 Toll Free: 1800 351 996

ON PAYMENT THIS FORM
BECOMES A TAX INVOICE

Email: enquiries@qieu.asn.au
M/ship Email: members@qieu.asn.au
Internet: www.qieu.asn.au

ABN: 74 662 601 045

Record No

PERSONAL DETAILS

I, Rev, Dr, Mr, Mrs, Miss, Ms Family Name Given Names

HOME ADDRESS.....

(MAIL MAY BE SENT TO YOUR SCHOOL UNLESS OTHERWISE ADVISED)

POSTCODE:.....

PHONE NO: () MOBILE NO: DATE OF BIRTH:

HOME EMAIL: WORK EMAIL:

DO YOU WISH TO BE RECORDED AS BEING OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? YES NO

EMPLOYED AT: SCHOOL NO:

Dear Colleague

Thank you for your application for Union membership. Under the Rules of the IEUA QNT we are unable to cover employees who are employed to perform the type of work which you perform. However, as the IEUA QNT does cover the majority of employees at your workplace, we are prepared to offer you a Service Agreement.

Under a Service Agreement the IEUA QNT will provide you with:

- representation in bargaining for a Collective Agreement;
- assistance in relation to any dispute that may arise relating to your employment at a School; and
- information and/or advice in relation to your employment at a School

In return, you will make a payment to QIEU QNT at the same rate as Union Membership.

If you wish to enter into a Service Agreement please sign and date this form. You can withdraw from the Service Agreement at any time by giving written notice.

Signature: Date:/...../.....

PAYMENT DETAILS

SCHEDULE FEE \$ (See Schedule of Fees on Page 3)

Payment by Cheque

Please complete Classification section on page 2 .
My cheque for \$ is attached.

Payment by Payroll Deduction

Please complete Classification section on page 2 then Section B. Payment deducted from your salary by your employer.

Payment by Direct Debit

Please complete Classification section on page 2 then Section A. Payment by fortnightly or monthly instalments from your Bank/Financial Institution.

Payment by Credit Card

Please complete Classification section page 2 then Section C on page 3.

Please return your completed form to the Reply Paid address at the top of this form.

CLASSIFICATION

Please indicate the type of work you perform from the list of excluded categories below:

- | | |
|---|---|
| <input type="checkbox"/> Boarding House Staff | <input type="checkbox"/> Laundry Staff |
| <input type="checkbox"/> Janitor | <input type="checkbox"/> Domestic Staff |
| <input type="checkbox"/> Caretaker | <input type="checkbox"/> Catering Staff |
| <input type="checkbox"/> Groundpersons | <input type="checkbox"/> Canteen Assistants |
| <input type="checkbox"/> Gardeners | <input type="checkbox"/> Security Staff |

Please indicate your Approximate Gross Salary \$ Number of weeks employed per year

SECTION A DIRECT DEBIT

QUEENSLAND INDEPENDENT EDUCATION
UNION OF EMPLOYEES
(Acting as collecting agent for IEUA-QNT)

DIRECT DEBIT REQUEST FORM

Record No

I/We hereby request you, Queensland Independent Education Union, User ID No. 084413 on behalf of the IEUA-QNT, to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule.

NAME:

ADDRESS:

..... Post Code:

SIGNATURES:

(If debiting from a Joint Bank Account both signatures are required)

DATE:

**NAME & BRANCH OF
FINANCIAL INSTITUTION:**
.....

BSB NO: **ACCOUNT NO.:**.....

Commencing on the next drawing date, please debit the amount, as determined by the Schedule of Fees, from the above account and thereafter each fortnight or month until these arrangements are cancelled by me/us with notification to you in writing.



Please indicate preferred method:

FORTNIGHTLY
(Your next pay date)
Fortnightly Direct Debits
are processed on the
Friday of your pay week

MONTHLY
Monthly Direct Debits are
processed on the 20th of each
month or first working day after

OFFICE USE ONLY

Direct Debit Amt: \$ Fee Code: Initials: Date:/...../.....

SECTION B PAYROLL DEDUCTION AUTHORITY

Independent Education Union of Australia
Queensland and Northern Territory Branch

Record No:

I, Rev, Dr, Mr, Mrs, Miss, Ms

Emp. Id:

being employed at:

hereby authorise the Paymaster/Bursar to deduct from my wages, Union dues to Independent Education Union - QNT Branch. I authorise the Paymaster/Bursar to release to IEU-QNT my employment status, classification and/or gross salary. Deductions shall be made at each pay period for an amount as agreed to by the employer and Independent Education Union.

The Employer will deduct for this purpose the amount shown in the "Office Use Only" section below on a weekly/fortnightly basis from the next pay. This authority will continue until revoked by the member in writing to IEU-QNT and thence the employer.

The amount will change from year to year and the Employer will be advised of changes as and when they occur.

OFFICE USE ONLY

Employing Authority No: Fee Code \$..... per fortnight Date: Initials:.....

