

Health Professionals and Support Services Award 2010

Date: Wednesday 9 June 2010
Time: 6:00pm - 9:00pm
Venue: Newland House
 80 Brougham Place
 North Adelaide
Cost: Members
(Incl GST) (or admin staff): \$99.00
 Non Members: \$170.00
Contact: Meryn Elliott: 08 8361 0104
 Fax: 8267 5349
 Email: meryn@amasa.org.au

The new Health Professionals and Support Services Award 2010 commences on 1 January 2010 and will result in significant changes to employment arrangements for clerical staff. This seminar will help you understand the application of the new award which applies to clerical staff working in medical practices, and consider key areas of change in employment arrangements, including how casual and part-time employment is defined, the span of ordinary hours of work, changes to out-of- hours penalties, shift provisions and overtime, and increases to casual loadings. (Handouts will be provided to participants.)

Come and learn how the new award can help, not hinder your employment arrangements and your business.

Registration Details/Tax Invoice (when paid) - please retain for tax purposes
 Cheques payable to the Australian Medical Association (SA) ABN : 91 028 693 268
 PO Box 134 North Adelaide SA, 5006, Fax 8267 5349

Cancellation Policy

Cancellations received prior to 48 hours of the date of the seminar will be accepted and all fees refunded. Cancellations received after this date cannot be accepted and will not be refunded, however either transfer of your registration to another person or transfer of your payment to another seminar, is acceptable. The full name and details of the person that will replace you must be advised in writing to the AMA(SA) office prior to the seminar. No refunds will be made for non-attendance at the seminar.

Name: _____

Address: _____

Postcode

Phone: _____

Fax: _____

Mobile: _____

Email: _____

AMA(SA)
Member

No Yes Membership No. (If staff or spouse attending) _____

Payment Details

Payment Amount: \$ _____ Cheque Amex Visa Mastercard Diners

Card Number _____

Card Name _____

Expiry Date _____

Signature: _____

