

# Nurses Award 2010

**Date:** Wednesday 23 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: 8361 0104  
Fax: 8267 5349  
Email: meryn@amasa.org.au

The Nurses Award 2010 will be implemented from 1 January 2010 and will result in significant changes to employment arrangements for nursing staff. This course will help you understand the application of the new award 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.

Light refreshments will be served

**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: \_\_\_\_\_

Privacy policy available on request

AMA(SA) Seminars

