

Employment Relations (ER) Contact Authorisation Form

The QHA Employment Relations Department provides advice, assistance and representation to persons authorised by a member to receive such information.

The information provided to members is often of a sensitive and confidential nature. For this reason only properly authorised contacts will be assisted by Department staff - this ensures that assistance is being given to the right contacts for your venue.

This form enables a financial QHA member to add a new ER Contact to their member profile so that the authorised ER Contact can contact the Department. Persons who are not ER Contacts *will not be assisted* by the Department.

I, _____, being the _____ of
(insert full name) (insert position title)

_____ authorise the following person to
(insert venue name)

receive ER advice on behalf of my venue from the QHA.

NEW ER CONTACT'S DETAILS

Name: _____

Position Title: _____

Email: _____

Work Ph / Mobile: _____

Yes! Please subscribe the ER Contact to the QHA's electronic bulletin, the *ER Bulletin*.

AUTHORISATION (to be provided by the person providing the authorisation)

Signed: _____ Date: _____

(person giving authorisation to sign on the line above)

PLEASE RETURN TO THE QHA VIA EMAIL ER@QHA.ORG.AU