



## 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  
*(insert full name)*

owner / senior manager / other: \_\_\_\_\_ of  
*(please circle relevant option) (insert position title)*

\_\_\_\_\_ authorize the following person  
*(insert venue name)*

to 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 authorization to sign on the line above)*

QHA Membership Number: \_\_\_\_\_  
*(insert membership number – contact the QHA if unknown)*

**PLEASE RETURN TO THE QHA VIA EMAIL [er@qha.org.au](mailto:er@qha.org.au) OR VIA FAX 07 3221 6649**