

UNION ADVISED OF FUNDING CUT DETAILS AND JOB LOSSES

Your Union has sought and received information from RA about the implementation of its job cuts as a result of loss of Federal funding and a requirement to provide more focus on vulnerable communities.

Programs affected are:

- FRCs in Bathurst, City of Sydney, Blacktown, Penrith, North Ryde and Dee Why
- Post separation services
- Post separation parenting service in Illawarra
- Telephone Dispute Resolution Service (TDRS) which will close at the end of the year.

Job losses and reductions in hours have been limited to casuals and fixed term employees.

- Casual staff affected are mainly in the counselling program and mediators in Family Dispute Resolution.
- Up to 6 fixed term positions are anticipated to be lost across RA.
- RA have advised that they do not expect permanent full or part time employees will be affected apart from those located within the TDRS.

Union Action

Your Union has sought and received the following commitments:

- Remaining staff are not left with increased workloads as a result of program cuts. RA has set lower performance indicators and reduced targeted number of client/ service sessions. Increased time for management of complex cases has been allocated.
- Priority access for those affected to RA job vacancies. RA will send the weekly bulletin to former staff's home emails for information on internal vacancies.
- Budgetary measures other than reduction of wage costs have been implemented
- Provision of paid time off for job seeking for permanent staff, provision of professional reference indicating funding cuts as reason for departure, access to voluntary exit interview

Equal Pay Case

Our equal pay case will soon be finalised. Contact your local Liberal/ National state MP to seek a commitment from the NSW Government to fund the outcome of the case.

Your Delegates are Faith Christie, faithc@ransw.org.au; Ron Simpson, rons@ransw.org.au; Sue Collette, suec@ransw.org.au; Esther Scholem, esthers@ransw.org.au.

Your ASU contact is Margaret Hickie who can be contacted at margaret@asu.org.au

Australian Services Union Membership Form

I apply for membership of the ASU NSW/ACT (Services Branch) and to the ASU of NSW, and I agree to abide by the Rules of each Union.
 Fax or mail this application to: **Australian Services Union NSW & ACT (Services) Branch PO Box 1865 Strawberry Hills NSW 2012**
 FAX 02 9698 8936 TEL 02 9310 4000 Outside Sydney Area 1300 784 278 www.asumembers.org.au

Personal details: MRS MS MR OTHER _____ M F

SURNAME _____ FIRST NAME _____ DATE OF BIRTH _____

YOUR HOME ADDRESS _____ STATE _____ POSTCODE _____

HOME PHONE _____ MOBILE _____ WORK PHONE _____ WORK FAX _____

HOME EMAIL _____ WORK EMAIL _____

Employment details: FULL TIME PART TIME CASUAL JOB SHARE OTHER _____

YOUR EMPLOYER _____ YOUR JOB TITLE _____

YOUR WORKPLACE ADDRESS _____ STATE _____ POSTCODE _____

Payment options: Please tick one box: CREDIT CARD MASTERCARD VISA DIRECT DEBIT

Please tick one box: FORTNIGHTLY | 4 WEEKLY | MONTHLY | QUARTERLY | HALF YEARLY | ANNUALLY

Weekly Subscription Rates for 2011/2012: Please tick one box

UP TO \$12,999 \$3.20 | \$13,000 – \$15,999 \$5.10 | \$16,000 – \$26,999 \$7.00 | \$27,000 – \$32,999 \$8.45 | ABOVE \$33,000 \$9.75

CREDIT CARD NUMBER _____ EXPIRY DATE _____

NAME ON CARD _____ SIGNATURE _____

DIRECT DEBIT CUSTOMER AUTHORITY: I/WE NAME OF CUSTOMERS GIVING THE DIRECT DEBIT REQUEST:

AUTHORISE ASU NSW/ACT SERVICES BRANCH USER ID NUMBER 063003 TO ARRANGE FOR FUNDS TO BE DEBITED FROM MY/OUR ACCOUNT AT THE FINANCIAL INSTITUTION IDENTIFIED BELOW THROUGH THE BULK ELECTRONIC CLEARING SYSTEM (BECS). THIS AUTHORISATION IS TO REMAIN IN FORCE IN ACCORDANCE WITH THE TERMS DESCRIBED IN THE SERVICE AGREEMENT.

NAME OF FINANCIAL INSTITUTION _____ BRANCH _____ ACCOUNT NAME _____

BSB NUMBER _____ ACCOUNT NUMBER _____

WE AUTHORISE THE FOLLOWING: 1. THE DEBIT USER TO VERIFY THE DETAILS OF THE ABOVE MENTIONED ACCOUNT WITH MY/OUR FINANCIAL INSTITUTIONS. 2. THE FINANCIAL INSTITUTION TO RELEASE INFORMATION ALLOWING THE DEBIT USER TO VERIFY THE ABOVE MENTIONED ACCOUNT DETAILS. WE UNDERSTAND AND ACKNOWLEDGE THAT: 1. THE DEBIT USER MAY, IN ITS ABSOLUTE DISCRETION, DETERMINE THE ORDER OF PRIORITY OF PAYMENTS IF ANY OF ANY MONIES PURSUANT TO THIS REQUEST OR ANY AUTHORITY MANDATE. 2. THE DEBIT USER MAY, IN ITS ABSOLUTE DISCRETION, AT ANY TIME BY NOTICE IN WRITING TO ME/US TERMINATE THIS REQUEST AS TO FUTURE DEBITS. 3. THE DEBIT USER MAY BY PRIOR ARRANGEMENT AND ADVICE TO ME/US, VARY THE AMOUNT OR FREQUENCY OF FUTURE DEBITS.

SIGNATURE _____ DATE _____

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