

After completing and signing this form, please return it to your Regional Office:

QNU OFFICES

Brisbane

GPO Box 1289,
Brisbane 4001
187 Melbourne St
West End 4101
Ph: 07 3840 1444
Fax: 07 3844 9387

Toowoomba

PO Box 3598
Village Fair
Toowoomba 4350
Suite 4,
256 Margaret St
Toowoomba 4350
Ph: 07 4659 7200
Fax: 07 4639 5052

Bundaberg

PO Box 2949
Bundaberg 4670
QCU Building
44 Maryborough St
Bundaberg 4670
Ph: 07 4132 8411
Fax: 07 4151 6066

Rockhampton

PO Box 49
Rockhampton 4700
Suite 1
Trade Union Centre
110 Campbell St
Rockhampton 4700
Ph: 07 4922 5390
Fax: 07 4922 3406

Townsville

PO Box 3389
Hermit Park Q 4812
Townsville 4810
1 Oxford Street
Hyde Park Q 4812
Ph: 07 4772 5411
Fax: 07 4721 1820

Cairns

PO Box 846N
North Cairns 4870
Suite 2
320 Sheridan St
Cairns 4870
Ph: 07 4031 4466
Fax: 07 4051 6222

Member Request for Representation



YOUR DETAILS:

Name _____ Membership Number _____

Position _____

Contact details:

Phone (h) _____ (w) _____ (mob) _____

Email _____

Postal _____

Preferred contact method _____

Workplace _____

Employer _____

Immediate supervisor _____ Phone _____

What award or agreement applies to you (if known) _____

YOUR WORKPLACE ISSUE:

Please provide a brief summary of your issue.

Please attach:

- A brief timeline of events. Please include where possible:
 - dates of any incidents
 - any actions you have taken so far. *For example:* Any dispute resolution procedures you have followed, if you have contacted your local QNU Union Rep or Branch Official etc)
 - a brief outline of your outstanding issues
- Any relevant documentation (PLEASE SEND COPIES, DO NOT SEND ANY ORIGINALS)

Outcome sought:

eg. do you know what result you want for this issue _____

I request the Secretary, or their representative, of the Queensland Nurses' Union of Employees to represent me in regard to the matter outlined above.

Signature **X** _____ Date of request: / /

A representative from the QNU office will call you to discuss your issue.

! If the matter is URGENT please advise your local office

OFFICE USE ONLY

Date joined _____ Financial to _____ Referred to _____ Referred on _____