



# HEALTH SERVICES UNION

## SA BRANCH

46 Greenhill Road – WAYVILLE SA 5034

### INFORMATION UPDATE

Mr  Mrs  Ms  Miss  Dr

I, .....  
Surname First name Middle name

Home Address ..... Postcode .....

Postal Address (if different) ..... Postcode .....

Tel. Wk 1 ..... Tel. Wk 2 ..... Tel. Wk 3 .....

Tel. Hm ..... Mob. .... DOB .....

Email (Hm): ..... (Wk 1) .....

Email (Wk 2): ..... (Wk 3) .....

Employer Name (1) ..... Job Title ..... Hours worked per week ...

Employer Address ..... Postcode .....

Employer Name (2) ..... Job Title ..... Hours worked per week ...

Employer Address ..... Postcode .....

Employer Name (3) ..... Job Title ..... Hours worked per week ...

Employer Address ..... Postcode .....

### PART TIME/CASUAL EMPLOYEE ONLY

I, .....  
Surname First name Middle name

I hereby declare that I work ..... hours per week as a casual or part-time employee and that I agree to notify the Union should there be an increase in hours of work.

Signature ..... Date ..... / ..... / .....