

SDA Survey...

BETTS GROUP EMPLOYEES

(BETTS • BETTS KIDS • ZU)

FEBRUARY 2012

YOUR VALUABLE INPUT IS NEEDED FOR A NEW AGREEMENT

Have your say - return by 8th March, 2012

The Betts Group Agreement expires in June 2012. The SDA will be negotiating a new Agreement with Betts Group. The new Agreement will cover your wages for an agreed period, possibly three years. To develop a full and complete understanding of the issues and concerns that you have, the SDA invites you to complete this survey form and return it to our office. *(Postage is paid - see reverse).*

1. CONDITIONS I WOULD LIKE IMPROVED:

(eg. Wages, allowances, penalty rates, rostering, leave entitlements, breaks, workplace health and safety)

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2. OTHER COMMENTS:

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YOUR SUGGESTIONS WILL FORM THE BASIS OF OUR LOG OF CLAIMS

TO COMMENT ON LINE, GO TO THE BETTS GROUP NEWS ARTICLE AT: www.sdaq.asn.au

Authorised by: **CHRIS KETTER**, *State Secretary*
Shop Distributive & Allied Employees Association (Qld. Branch)
385 St Pauls Terrace, Fortitude Valley • PO Box 490, Spring Hill, Qld. 4004
Tel: (07) 3833 9500 • **Fax:** (07) 3833 9590 • **Country Freecall:** 1800 657 141
Website: www.sdaq.asn.au • **Email:** secretary@sdaq.asn.au



COMPLETE THE ATTACHED MEMBERSHIP FORM OR PROVIDE THE FOLLOWING DETAILS. ALL INFORMATION YOU PROVIDE WILL BE TREATED WITH STRICT CONFIDENTIALITY.

Your Name:.....

Home Address:.....

Postcode:.....

Home Phone Number:..... Mobile Phone Number:

Email Address:.....


In what year did you commence work for the Betts Group?

Are you willing to become a contact person for your store during the negotiations period? Yes No

APPLICATION FOR MEMBERSHIP.

Please enrol me as a member of the Shop Distributive and Allied Employees' Association and as a member of the Shop Distributive and Allied Employees' Association (Queensland Branch), Union of Employees. I pledge myself to comply with the Rules of the Association, and of the Branch to which I am attached, and of the above Union and any amendments or additions duly made to such Rules in accordance with the Rules. I hereby authorise my employer to make a weekly/monthly/quarterly deduction of Union fees as set from my wages and remit same in accordance with the joint direction of the Secretary of the Branch and of the Union or failing agreement between them, as directed by the National President of the Association. This authority shall remain in force so long as I remain an eligible employee of the Company. I understand that the personal information contained on this application may be used for other purposes including but not limited to, research and surveys and the provision of direct marketing offers for products and services provided by or on behalf of the SDA (or other organisations) considered to be of interest to members.

Mr/Mrs/Miss/Ms (PLEASE PRINT CLEARLY)
 First Names:..... Surname:.....
 Preferred Name:..... Date of Birth:...../...../..... Age:..... Years
 Postal Address:.....
 Suburb:..... State:..... P/Code:.....
 Email Address:.....
 Home Phone:..... Mobile:.....
 Store Name & Address:.....
 Store No.:..... Payroll No.:.....
 Employment Type: (Please Full Time Part Time Casual Night Fill
 Trainee
 Do you have another job in retail or fast food? If yes:
 Employer:..... Location:.....

APPLICANT'S SIGNATURE:  DATE: / /

The Certified Rules of each Branch of the Shop, Distributive and Allied Employees' Association, provide for the financial obligations arising from membership and the circumstances and the manner in which a member may resign. These Rules are available for inspection at the Office of the Industrial Registrar. PLEASE NOTE - When terminating membership, you MUST notify the Union Office.

MEM. No.	EMP. No.	STORE No.	MEM. STATUS
		SDA OFFICE USE ONLY	

AUTHORITY TO DEDUCT UNION FEES FROM MY WAGES

The Manager,
 (Store Name)..... Store No.:..... P/Code:.....
 (Store Address).....
 In order to meet my financial commitment as a member of the Shop, Distributive and Allied Employees' Association, Queensland Branch and of the Shop, Distributive and Allied Employees' Association (Queensland Branch), Union of Employees, I hereby authorise you to make a weekly/monthly/quarterly deduction of Union fees as set from my wages and remit same in accordance with the joint direction of the Secretary of the Branch and of the Union or failing agreement between them, as directed by the National President of the Association. This authority shall remain in force so long as I remain an eligible employee of the Company. I authorise my employer to make a weekly/monthly/quarterly deduction of Union fees as set from my wages and remit same in accordance with the joint direction of the Secretary of the Branch and of the Union or failing agreement between them, as directed by the National President of the Association. This authority to deduct and for my employer to respond on my behalf to any requests for updated personal information which the SDA may make which is necessary and directly related to this authority to deduct.

EMPLOYEE'S SIGNATURE:  DATE: / /

TERMINATION DATE:..... TRANSFERRED TO:.....

No stamp required if posted in Australia

FOLD IN THIRDS AND PLACE ONE STAPLE AT THE TOP, THEN POP IN THE MAIL - NO STAMP REQUIRED

Delivery Address:
 PO Box 490
 SPRING HILL QLD 4004

Shop Distributive & Allied Employees Association
 (Queensland Branch)
 Reply Paid 490
 SPRING HILL QLD 4004

