

PRIMARY HEALTH CARE MULTI-EMPLOYER COLLECTIVE EMPLOYMENT AGREEMENT

Note: Authorisation to act on your behalf will not be accepted unless both pages in this Appendix are completed.

AUTHORISATION

EMPLOYER PARTY:

I/We
(practice name or trading style — see Note 1)

of
(address)

.....

Phone:

Contact Name:
(for all MECA correspondence)

Email:
(please provide email address — will be used for MECA updates and correspondence)

hereby authorise the NZMA to act as my/our bargaining agent for the Primary Health Care Multi-Employer Collective Agreement for the staff employed by this practice who are New Zealand Nurses Organisation (NZNO) members.

Note: If you personally employ staff then insert your own name or trading name. If your practice employs them then insert the practice name.

RATIFICATION

Under the proposed Process Agreement between the NZMA and NZNO:

- The MECA will be ratified by NZMA represented parties if two-thirds of the cited employer practices approve the negotiated settlements.
- Once two-thirds of employer practices have approved the negotiated settlements, employers that do not approve the settlements will not be bound by the settlements, but will need to discuss this further with the NZNO.

Form continues over page 

DECLARATION

I,
 authorise the NZMA to represent me/us in the Primary Health Care MECA negotiations and I agree with the ratification process. I confirm that the following information is complete and accurate. I understand that the provision of incomplete or inaccurate information may affect me and my practice's eligibility for the negotiating service, and access to this service may be subsequently denied.

1. How many permanent or long-term GPs are in your practice?
(GPs working in your practice for 6 months or more are considered long-term even if they are employees or contractors. The fairest means for us to establish the size of a practice, and therefore the fee to be charged, is to base this on the number of GPs working in a practice so \$290 is payable for each full-time equivalent GP (with no charge for NZMA members).

2. Please list the name(s) and details of all GPs below:

Name	MCNZ Number	NZMA Member (Yes / No)	Sessions worked per week
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.....

(please complete on a separate sheet if more space is required)

Signed:
(on behalf of practice)

Name: Date:

To meet the criteria to access this service, at least one GP listed above must be a member of the NZMA. \$290 is payable for each full-time equivalent non-member listed above. The NZMA reserves the right to require additional payments from non-members if negotiations are excessively protracted.

Please tick:

- Please invoice my practice for the outstanding non-member payment, based on the information provided above. I understand that my practice will not be represented by NZMA until payment has been made. (Once invoiced, payment can be made by direct credit).
- I have attached a cheque for \$ based on the criteria for accessing the negotiating service and the above information.
- All GPs are NZMA members so no payment is required.

Please complete both pages and scan to tessa@nzma.org.nz or fax to 04-471-0838