DELIVERING FOR INTERNS

RECLAIMING GROUND:
S A NEW DEAL FOR HEALTH
FOR HEALTH
SIPTU

Are you a Support Staff Intern recruited by the HSE or Related Agency under the terms of the Haddington Road Agreement? If you are, you may be interested to learn that SIPTU Health Division has negotiated a very special **PAY JUSTICE DEAL FOR YOU** in recognition of your contribution and commitment to our health service.

SIPTU members are entitled to full incremental credit.

HOW IT WORKS - 3 EASY STEPS

- 1) PERMANENT CONTRACT AFTER 18 MONTHS SERVICE
- 2) SUBMIT YOUR CLAIM FOR INCREMENTAL CREDIT FOR YOUR PERIOD OF SERVICE AS AN INTERN
- 3) SUBMIT YOUR CLAIM FOR ANY RELEVANT SERVICE YOU MAY HAVE FROM YOUR PREVIOUS EMPLOYMENT

WHAT DO YOU HAVE TO DO?

IF YOU'RE A SIPTU MEMBER VOTE YES TO PSSA

IF YOUR NOT A SIPTU MEMBER FILL IN THE MEMBERSHIP APPLICATION ON THE BACK AND THEN VOTE YES FOR CERTAINTY, FOR SECURITY AND FOR PROGRESS

YOUR VOTE - YOUR CHOICE

The ballot on the PSSA will commence on Monday, 3rd July and conclude on Wednesday, 9th August. Contact your local Shop Steward or SIPTU Organiser for specific arrangements of the ballot in your workplace.



DOWNLOADING OUR APP



FREE for iPhone and Android





Services Industrial Professional & Technical Union

Membership Application Form

SIPTU, Finance & Administration Dept., Liberty Hall Eden Quay, Dublin 1. Tel: 1890 747 881

Please complete the form using block lette I wish to apply for membership of SIPTU and a			
First name:			
Surname:			
Home Address:			
Male Female Date of Birth:	Natio	onality:	
Telephone:		Mobile Phone No.:	
Preferred Mailing Address: Home Work	E-mail:		
Name of Company:			
Your employment location:			
Full/Part Time Employee Hours p.w Member of Pension Fund? Yes No			
Gross Weekly Pay Band (tick box) Over €500 p.w. €325 - €500 p.w. €200 - €325 p.w. €127 - €200 p.w. Under €127 p.w.			
Occupation; Payroll No./Clock No.:			
If former member of SIPTU/Other union please state union:			
Signature: _\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Please indicate if you would like to receive regular news updates from SIPTU via E-mail TXT message to your mobile none			
PLEASE COMPLETE SECTION A OR B (SEPA DIRECT DEBIT MANDATE ON REVERSE)			
AUTHORISATION FOR DEDUCTION OF UNION CONTRIBUTIONS FROM SALARY			
First Name: Last Name: Last Name:			
I authorise to deduct from my wages each week the appropriate amount of Union contributions as set out in the Union Rule Book and to hand over such monies to SIPTU. The amount may be varied by changes in the Registered Rules from time to time. This authority shall be valid for this and			
subsequent periods of employment. The current applicable weekly Signed: Dep			Pavroll/Clock No:
Union Number: Date			

SIPTU complies with the principles of the Data Protection Acts 1988/2003 and aim to maintain consistently high levels of best practice of personal/or sensitive data.

Please be advised that SIPTU reserves the right to refuse to offer advice and representation on issues which originate prior to the application for membership.