

Victorian Nurses' Welfare & Hardship Fund

ANF Members Fund

Name: _____

Membership No: _____ Are you an ANF Job Rep? Yes / No

Address: _____

Phone: Home _____ Work _____ Mobile _____

Pay Period: _____ Normal fortnightly hours worked: _____

Amount docked for attending Stopwork Meeting on 16 October: \$ _____ hours _____

Amount docked for participating in Industrial Action: \$ _____ hours _____

COPY OF PAYSLIP MUST BE ATTACHED

Workplace: _____

Ward/Unit: _____

Details of financial hardship experienced: _____

Were you directed to perform your normal work at any time during the period when you were docked pay? Yes / No

Bank account details: Title of account (*exact name*): _____

Bank/State/Branch (BSB) number: _____

Account number: _____ (*Not your ATM card number*)

Return to ANF (Vic Branch), Box 12600 A'Beckett Street PO, Melbourne 8006 or by fax 9275 9344.

FUND NURSING PROPERLY FOR A BETTER STATE OF HEALTH

EBA 2007

www.fundnursingproperly.com.au