



PO Box 3549 Caroline Springs, Vic., 3023  
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# Application Form

## PERSONAL DETAILS

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Given Name Middle Initial Surname

Address

Suburb Postcode

/ / Date of Birth Home Phone Work Phone

Mobile Phone Personal Email

Preferred Language Work Email

## EMPLOYMENT DETAILS

Hours of Work per week: Employee No.:

Employer Worksite

Occupation/Classification

## AGREEMENT/ACCEPTANCE

In consideration for the paid fee by me, I hereby agree to the HSAM rendering services of advocates and mediators on my behalf, as their client, in the workplace. I hereby acknowledge that HSAM is a private business enterprise and the retention of HSAM services may include industrial relations/health and safety advice, workplace representation, enterprise bargaining and Workcover assistance. This Agreement may be revoked by either party at any time, in writing, with 2 weeks notice.

/ / Date Signature Print Name

## PAYMENT METHOD

☐ Direct Debit ☐ Credit Card ☐ Cheque ☐ Direct Credit/EFTPOS ☐ Payroll  
See overleaf for further details

## PRIVACY INFORMATION

Amendments to the Federal Privacy Act ensure that private sector organisations must take steps to protect the privacy of individuals in the handling of personal information. This is through a set of privacy principles that dealt with the collection, use, disclosure and storage of that information. HSAM uses personal information for client management and provision of other services including industrial, health, insurance, financial advice, education and the like. Signing this application form indicates your consent to the above. In the provision of those services you also authorise us to share your personal information with our agents at the workplace strictly for the purpose of facilitating your interest(s).

## DISCLOSURE

Your personal information is only disclosed to staff, directors or agents of HSAM with whom you might deal or we are required to do so by law, or for the purpose of sending you information about our services. By joining HSAM you authorise us to use your information strictly for the purpose of assisting you in the workplace.



## PAYMENT METHODS

### ☐ Direct Debit Request

I request you, until further notice in writing, to debit my/our account described in the schedule below, any amount which HSAM may debit or charge me through the Direct Debit System. I also authorise my employer to release my financial institution account details including any changes from time to time to HSAM so that direct debit of fees can be commenced from my account. I recognise that my employer has no financial accountability in this transaction and if I have provided details of more than 1 account to my employer, HSAM will contact me to determine which account I wish to use for paying HSAM fees. I authorise my employer to supply HSAM with updated information on my client details as set out in this application. This authority shall remain in place for as long as I am an eligible client of HSAM.

### Bank Account Details

Account Name

BSB Number

Account Number

Financial Institution

Date

Signature

Print Name

### Frequency of Payment

☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

### Credit Card Payment (A 3% surcharge is applicable to all credit card payments)

Credit Card Type: ☐ Mastercard ☐ Visa Card

Exp. Date: /

Verification No.:  (Last 3 digits on reverse of card)

Card Number

Cardholder

\$

Amount

Phone Authority

### Frequency of Payment

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

### ☐ Direct Credit/EFTPOS

Account Name: H.S.A.M.

BSB: 803-216

Account Number: 30329

Please ensure you identify yourself in the reference of your payment so as we can credit your account.