WORKPLACE RELATIONS
BY AMA QUEENSLAND

EMPLOYMENT CONTRACT TEMPLATE ORDER FORM

Written contracts of employment are implemented to clarify the terms of engagement between associated parties and to minimise the risk of disputes through having a written record of the agreed terms. Having the appropriate written agreement in place is vital to ensure you provide a clear understanding on the terms negotiated, and to reflect current legislation and case law. AMA Queensland has the following set of contract templates that can be implemented when drafting contracts for your practice staff. The Contract Templates are provided electronically for ease of access. The templates are available for staff covered by the *Health Professionals and Support Services Award 2010* (HPSS Award), the *Nurses Award 2010* and for doctors engaged as employees.

YOUR DETAILS

Member Name: _____

Practice: _____

Attn mail to: _____

Address: _____

_____

Phone: _____

Email: _____

Fax: _____

SELECT YOUR CONTRACT TYPE

	Member Rate	Non-Member Rate
◯ **Practice Managers, Receptionists, Cleaners and Allied Health** *(includes: HPSS Award – Casual, Part-Time & Full-Time Employee Contract Templates, Deed of Confidentiality Template)*	$1,100 Inc ◯	$2,200 Inc ◯
◯ **Nurses in Private Practice** *(includes: Nurses Award – Casual, Part-Time, Full-Time Employee Contract Templates, Deed of Confidentiality Template)*	$1,100 Inc ◯	$2,200 Inc ◯
◯ **Employee Doctor – Contract Template**	$1,100 Inc ◯	$2,200 Inc ◯
◯ **Individual Flexibility Agreements***	POA *(price on application)* ◯	POA *(price on application)* ◯
◯ **Independent Doctors Service Agreement or Locum Agreement**	Please contact the Workplace Relations Team for a referral	

** Please contact the Workplace Relations Team on (07) 3872 2222 before purchasing an Individual Flexibility Agreement.*

PAYMENT

Credit card: $ _____ ◯ Visa ◯ Mastercard ◯ AMEX

Card number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiry date: _____ /_____

Cardholder's name: _____

Signature: _____

◯ Direct deposit for $ _____ Receipt number: _____

Bank of Queensland, BSB: 124 084 | Account: 10 032 949
* Please quote member number and Practice name within transfer description.

◯ I enclose a cheque for $ _____ (payable to AMA Queensland)

PLEASE COMPLETE AND RETURN BY:

E: workplacerelations@amaq.com.au
F: (07) 3856 4727

Disclaimer: *AMA Queensland primary purpose of collecting personal information on this form is to process your purchase. In providing your details you consent to your personal details being used in the manner indicated. ABN: 17 009 660 280*

Disclaimer: The template contract(s) are a useful document that clearly sets out the terms and conditions of employment when hiring new employees or confirming arrangements for existing employees. The template contracts are just that, and have been drafted so that they are general in nature and do not constitute legal advice. If you are unsure about how they apply to your medical practice or situation or you want to vary the document in any way we recommend you first contact us to discuss. You can contact the AMA Queensland Workplace Relations team on 07 3872 2222 or via email on workplacerelations@amaq.com.au. If required, we can also put you in touch with our preferred legal partners HWL Ebsworth. On that basis, to the extent permitted by the law, AMA Queensland will not be liable for any damage, including loss of business or profits, in relation to use of these template employment contracts. Where any law implies a liability which cannot be excluded, any such liability is limited and provided for by the Competition and Consumer Act 2010 (Cth).

AMA Queensland Workplace Relations Team
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