



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 2020 (HPSS Award)*, the *Nurses Award 2020* 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
<input type="radio"/> Practice Managers, Receptionists, Cleaners and Allied Health <i>(includes: HPSS Award – Casual, Part-Time & Full-Time Employee Contract Templates, Deed of Confidentiality Template)</i>	\$1,100 Inc <input type="radio"/>	\$2,200 Inc <input type="radio"/>
<input type="radio"/> Nurses in Private Practice <i>(includes: Nurses Award – Casual, Part-Time, Full-Time Employee Contract Templates, Deed of Confidentiality Template)</i>	\$1,100 Inc <input type="radio"/>	\$2,200 Inc <input type="radio"/>
<input type="radio"/> Employee Doctor – Contract Template	\$1,100 Inc <input type="radio"/>	\$2,200 Inc <input type="radio"/>
<input type="radio"/> Individual Flexibility Agreements*	POA <i>(price on application)</i> <input type="radio"/>	POA <i>(price on application)</i> <input type="radio"/>
<input type="radio"/> 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 2264 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 EMAIL:
workplacerelements@amaq.com.au

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 workplacerelements@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).

