**Application for Representation**

**CPSU’s Entitlements & Compliance Specialist Team**

Phone : (03) 9639 1822 OR 1800 810 153 (toll free) Postal

Fax : (03) 9662 4591 4/128 Exhibition Street

Email : enquiry@cpsuvic.org Melbourne Victoria 3000

Web : www.cpsuvic.org PO Box 24233

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| --- |
| **Your Details** (if known) |
| Name |  | Member no |  |
| Phone |  | Classification |  |
| Email |  | Title/role |  |
| Preferred contact method |

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| **Your Workplace** |
| Agency name |  |
| Workplace name and address |  |
| Line manager |  | Phone |  |
| Local delegate |  | Phone |  |

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| **Outline of Issues**(e.g. grievance, discipline, dismissal. OHS, bullying, workload, leave. etc.) |
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| **Resolution sought**(Briefly outline relief – e.g. decision reversed, entitlement repaid, etc… |
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| **Action taken so far**(What have you done at local level?) |
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**Please ensure you:**

* Provide your preferred method of contact and the relevant details
* Provide the name and number of the relevant decision maker
* Attach copies of relevant documentation
* Advise your CPSU Workplace Delegate of your issue
* Contact CPSU **before** you communicate any further with your employer about this matter.

*CPSU assesses each application on its merits and reserves the right to proceed, and may at any time discontinue representation.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office use only** |
| Date recd. |  | Case no. |  |
| File no. |  | Officer |  |
| Date joined |  |
| Notes |  |