

PRIMARY HEALTH CARE MULTI-EMPLOYER COLLECTIVE AGREEMENT 2016

SUBSEQUENT EMPLOYER PARTIES FORM

Fax/Post to: NZ Nurses Organisation
PO Box 4102
Christchurch
Fax: 03 377 0338

I/We:
(Employer Legal Entity)

Address:
.....

Post Box No.:

Phone:

Fax:

Email:

If a Medical Centre please list the GPs in your Practice:

Name	GP Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above-named party hereby notifies you that it agrees to be joined as a subsequent party to the 2016 Primary Health Care Multi Employer Collective Agreement (PHC MECA) as from
[date from which the agreement is to apply to the practice].

Signature:.....
(on behalf of Practice)

Name:

Date: