

# Membership Application & Information

NEW ZEALAND NURSES ORGANISATION  
REGISTERED UNION – PROFESSIONAL ASSOCIATION



NEW ZEALAND  
**NURSES**  
ORGANISATION

TŌPŪTANGA  
**TAPUHI**  
KAITIAKI O AOTEAROA



## Making members' voices heard

The New Zealand Nurses Organisation (NZNO) is both a professional association and registered union, one of the biggest and strongest in New Zealand because of our active membership. As an NZNO member you are encouraged to be an active member of NZNO activities through:

- » regional council meetings, regional conventions, colleges and sections, NZNO's annual general meeting, Te Rūnanga o Aotearoa (Māori representation within NZNO);
- » attending regular workplace meetings;
- » encouraging potential members to join;
- » being involved in campaigns;
- » becoming a representative/delegate (workplace, Te Rūnanga or college/section committee member); and
- » providing expert nursing advice to government agencies.

## Education

As a member of NZNO, you will have access to further education and training through a range of seminars and educational activities, including:

- » worksite-based education sessions;
- » professional conferences;
- » locally-run education days, seminars; and
- » scholarships which are particularly useful for nursing students and those wishing to pursue further nursing education.

## Up-to-date information

As an NZNO member you will have access to the following:

- » *Kai Tiaki Nursing New Zealand* 11 times a year – a magazine devoted to the issues that affect you;
- » colleges and sections journals and newsletters;
- » regular newsletters to various sector members;
- » information that can assist you in your professional practice;
- » many other leaflets, newsletters and publications that provide useful information around specific issues;
- » a specialist library collection; and
- » an annual subscription to NZNO's research journal *Kai Tiaki Nursing Research*

## Information & advocacy

As a member, you can get information from NZNO's trained union delegates, college and section members, and from our member support centre. These frontline staff are supported by NZNO organisers, professional nursing advisers, employment lawyers and medico legal lawyers.

We can provide practical information and advocacy about **any issues** in your workplace:

- » if you have questions about, eg your pay, holidays, scope of practice, investigations or professional development plan;
- » if you think you have been treated unfairly;
- » if you could be or have been dismissed;
- » if your job is being changed or you are made redundant;
- » if you think that something unethical is happening; and
- » if you are concerned about your health and safety.

***Together, we provide information and advocacy for you.***

## Legal costs

NZNO provides indemnity insurance for its members for claims related to their practice. NZNO indemnity insurance provides, at no additional cost;

- » cover for up to \$500,000 for each claim, to a total of \$1,000,000 per year. These amounts include legal costs but there is a maximum of \$200,000 per annum for criminal defence costs.
- » NZNO has its own in-house legal team and pays any excess under the policy.
- » the NZNO policy covers you 24 hours a day, seven days a week, whether you are on or off duty, anywhere in the world, except Canada and the USA, however it only covers you for the first ninety (90) days away from New Zealand. We therefore recommend that you arrange separate indemnity insurance if you are moving to work overseas.
- » please note: you are not covered if the claim relates to a time when you were under the influence of alcohol or drugs.
- » NZNO's insurers may need to be notified if a member is working as a Lead Maternity Carer.

## Working with you to get a collective agreement

NZNO members can be covered by a collective agreement and share terms and conditions of employment. Instead of talking individually to your employer about your pay and conditions, we can do it together.

- » as a group, workers are stronger, and can demand improved conditions and pay.
- » all NZNO members decide what changes are needed, eg pay rates, penal rates.
- » a team negotiates with employers.
- » the option of industrial action is available, if needed by members.

## Members on an individual agreement

NZNO can provide phone advice on enforcement of your individual agreement.

## NZNO for and with you!

Become a member of New Zealand's largest health union and professional association, NZNO, and be in a position to take advantage of all the benefits of membership.

## Contact details

Email: [nurses@nzno.org.nz](mailto:nurses@nzno.org.nz)

Website: [www.nzno.org.nz](http://www.nzno.org.nz)

Member support  
centre: (Toll free) 0800 28 38 48

Our member support centre is available to members Monday to Friday 8am to 5pm.

A trained call adviser will ensure you receive the support and advice you need.

## NZNO sections & colleges - professionals making a difference

NZNO is proud of its network of 20 specialty sections and colleges. They bring thousands of nurses with common interests together.

If you are passionate about your specialty and want to be engaged in professional debates and developments then this is an opportunity to do so. Colleges and sections are run by members, for members. No other national organisation offers nurses and other health workers the opportunity to meet and develop their collective knowledge and strength in this way.

Check out the website at [www.nzno.org.nz/join\\_sections\\_and\\_colleges](http://www.nzno.org.nz/join_sections_and_colleges)

## Scholarships and grants

Several sources of funding in the form of scholarships and grants are available to NZNO members.

The NZNO administered Nursing Education and Research Foundation (NERF) manage many of these funds.

The range of scholarships and grants include the following categories:

- » book grants
- » undergraduate study
- » postgraduate study
- » research
- » short courses/conference registrations
- » and many more

Full details on the scholarships and grants available can be viewed at [www.nzno.org.nz/scholarships](http://www.nzno.org.nz/scholarships)

## Member Benefits

In addition to the practical advice and guidance available to NZNO members, we offer a benefits that are generally not available to the public. To find out more see our benefits page at [www.nzno.org.nz/membership/benefits](http://www.nzno.org.nz/membership/benefits)

## MEMBERSHIP FEE EFFECTIVE FROM 1 APRIL 2019

Category	Annual	Half Yearly	Quarterly	Monthly (20 <sup>th</sup> )	Twice Monthly (14 <sup>th</sup> & 28 <sup>th</sup> )	Fortnightly
1. Registered nurses and midwives, Health Professionals New Zealand members not affiliated to their professional bodies and not mentioned elsewhere:	\$553.20	\$276.60	\$138.30	\$46.10	\$23.05	\$21.28
2. Enrolled nurses, registered obstetric nurses and College of Midwives members, Health Professionals New Zealand members with affiliations to their own professional bodies:	\$441.84	\$220.92	\$110.46	\$36.82	\$18.41	\$16.99
3. Caregivers, health care assistants, aides, Karitane nurses, clerical, non-clerical support workers and all other support workers:	\$332.88	\$166.44	\$83.22	\$27.74	\$13.87	\$12.80

### REDUCED FEE CATEGORIES

4. Caregivers, health care assistants, aides, Karitane nurses, clerical, non-clerical support workers and all other support workers who have declared their income to be <b>less than \$26,000 gross per annum. DOES NOT INCLUDE RNs/RMs/ENs. * refer below</b>	\$261.60	\$130.80	\$65.40	\$21.80	\$10.90	\$10.06
5. <b>Low income earners</b> (if approved by NZNO); members who have declared their income <b>less than \$19,000 gross per annum: DOES NOT INCLUDE RNs/RMs/ENs. * refer below</b>	\$207.60	\$103.80	\$51.90	\$17.30	\$8.65	\$7.98
6. <b>Reduced fee earners</b> (if approved by NZNO); those on full parental and full-time postgraduate study leave, members not in nursing practice/unwaged, enrolled bridging students working part-time, members of another union affiliated to the CTU:	\$207.60	\$103.80	\$51.90	\$17.30	\$8.65	\$7.98
<p><b>* REDUCED FEES</b>  <b>At AGM in September 2009 a remit was passed excluding RNs/RMs and ENs from the REDUCED FEE category.</b>                      - A new reduced fee rate for those earning less than \$26,000 gross per annum was introduced. * See rate chart above.                      - Members earning less than \$19,000 gross per annum qualify for the low income category.                      - A declaration of income needs to be made each year of membership.</p>						

### STUDENT MEMBERSHIP FEES

7. Students in their <b>first year of study</b> in the BN, midwifery or enrolled nurse programme	Free
8. Students in their first year of study in the BN, midwifery or enrolled nurse programme who wish to receive their own copy of Kai Tiaki Nursing New Zealand:	\$43.96
9. Students of nursing, midwifery or enrolled nursing in second, third and subsequent years of study and those retired from nursing but wishing to retain membership:	\$45.55
10. Students of nursing, midwifery or enrolled nursing in second, third and subsequent years of study and those retired from nursing but wishing to retain membership with their own copy of Kai Tiaki Nursing New Zealand:	\$89.51
<p><b>Note:</b> Students who are also working full time or part time in any of the membership categories (eg caregiver etc) are required to pay the membership fee that applies to the work that they do. They can also apply for the reduced fee category. *Refer 4, 5 &amp; 6.</p>	

The Board of Directors has a set criteria for special consideration of a reduced fee option for RNs, RMs and ENs.  
 Details on [www.nzno.org.nz](http://www.nzno.org.nz)

## NZNO library

As an NZNO member you can access the services of our library which offers:

- » a range of books, journals, publications and historic nursing publications
- » access to online journals/databases
- » regular library newsletters
- » topic based resource lists
- » research assistance

For more information please check out our website [www.nzno.org.nz/library](http://www.nzno.org.nz/library)

## Kai Tiaki Nursing Research - annual journal

*Kai Tiaki Nursing Research* is an annual subscription only journal. It has showcased New Zealand nursing research since June 2010.

Kai Tiaki Nursing Research is an internationally double-blinded peer reviewed research journal publishing original, full-length research manuscripts from New Zealand-based nurse researchers (or other researchers where the research can be shown to have particular relevance to nursing in New Zealand).

More information and subscription application is available at [www.nzno.org.nz/KTNR](http://www.nzno.org.nz/KTNR)

## Health Insurance

Accuro Health Insurance has been in partnership with NZNO since 1971.

The Accuro Day to Day FREE product is for new NZNO members and students with 12 months FREE healthcare benefits worth up to \$600,00. It costs you nothing.

Tick the box on this application form to receive your FREE 12 months cover and your Accuro welcome pack with be with you soon.

For further details go to [accuro.co.nz/nzno](http://accuro.co.nz/nzno) or call **0800 ACCURO**

## New Zealand Nurses Organisation Application for Membership

Fill in the form below or head to [www.nzno.org.nz/membership/join\\_now](http://www.nzno.org.nz/membership/join_now) and fill in the form online

### Personal information

Surname or Family name

Given or First names

Postal address

Postcode:

Phone  Fax

Mobile  Email

Preferred Contact: (please tick  one) Phone  Mobile  Email

Date of Birth

Gender:  Male  Female  Gender Diverse

Which ethnic group or groups do you belong to:

- |  |   |  |
|--|---|--|
| <input type="radio"/> NZ European/Pakeha | <input type="radio"/> Other European                | <input type="radio"/> NZ Māori               |
| <input type="radio"/> Samoan             | <input type="radio"/> Cook Island Maori             | <input type="radio"/> Tongan                 |
| <input type="radio"/> Niuean             | <input type="radio"/> Tokelauan                     | <input type="radio"/> Fijian                 |
| <input type="radio"/> Other Pacific      | <input type="radio"/> Filipino                      | <input type="radio"/> Other South-East Asian |
| <input type="radio"/> Chinese            | <input type="radio"/> Indian                        | <input type="text"/>                         |
| <input type="radio"/> African            | <input type="radio"/> Other <i>(Please specify)</i> |  |

Source: Stats NZ 2006

### Health Insurance:

As a benefit of your NZNO membership would you like to receive  Yes  No  
12 months FREE Health Insurance underwritten by Accuro?

I authorise NZNO to share my personal information on this form with Accuro for the purpose of receiving the FREE Health Insurance.

**If you need assistance please contact NZNO toll free on**

**0800 28 38 48**

or email **membership@nzno.org.nz**

or visit us on our website **www.nzno.org.nz**

### Privacy Act 1993

The information collected on this form is used by NZNO in its membership systems, and to establish your membership for the purposes of the 2000 Employment Relations Act.

Mailing list information is passed on to companies who distribute Kai Tiaki Nursing New Zealand, provide membership benefit packages and undertake research and development contracts specific to NZNO business, under agreements which ensure it is kept confidential and not used for any other purpose. Invitations to participate in approved research projects are always sent directly from NZNO; your contact details are never passed to external researchers.

NZNO research information will be used to advance political, professional and industrial member goals. All other information is kept confidential within NZNO.

You are entitled to have access to, and request correction of any personal information about yourself held by NZNO.

If you have any queries about your rights under the Privacy Act or about the personal information held by NZNO about you, please contact:

NZNO Privacy Officer  
PO Box 2128  
Wellington 6140  
Phone 0800 28 38 48  
nurses@nzno.org.nz

## Employment details

Name of the employer you currently work for and the location of your main workplace/  
worksite *(eg Capital & Coast DHB, Wellington Hospital)*

Position held

Ward/Work area/Speciality at main workplace

Name and location of your secondary workplace/worksite? *(if any)*

## Qualifications & affiliations

What professional qualifications do you have? *(eg Bachelors Degree in Nursing)*

Do you belong to any other union or professional organisation?  No  Yes

Name of organisation

Your Certificate/Membership Number

Please attach proof\*

## Declaration

*I agree to abide by the rules of NZNO and authorise NZNO to act as my representative in all matters relating to my employment, including the negotiation and enforcement of my employment agreement, and professional liability. I understand NZNO offers a range of services including expert advice in employment and medico-legal law. In the event of a legal issue, NZNO reserves the right to make decision concerning NZNO representation on the issue. I shall remain a member until I advise otherwise by writing to the NZNO office.*

**The above statement is true and correct.**

Signature  Date

### \*PROOF

An immediate and thereafter annual proof of affiliated membership is required.

#### Acceptable –

Payslip, bank statement or letter from affiliated organisation.

#### Not acceptable –

Copy of membership card.

### CHANGE OF DETAILS

Please notify NZNO if you change:

– address (including email)

– name

– employer

### COUNTRY OF FIRST NURSING QUALIFICATION

New Zealand

Australia

Pacific

Philippines

China

India & Sri Lanka

Other Asia

Middle East

South Africa

Zimbabwe

Other Africa

UK

Other Western Europe

Central Eastern Europe

North America

Central/South America

Other

### NZ WORK STATUS

NZ Citizen

Permanent Resident

Work Visa

Student Visa

## Authority to deduct NZNO subscription from salary/wages

**Please complete authority slip and forward to your payroll office.**

Full name of applicant

Name of employer


The current subscription per fortnight to be deducted from my salary/wages is: \$

I authorise my employer to deduct the up-to-date NZNO fees from my salary/wages and to pay this amount to the New Zealand Nurses Organisation, PO Box 2128, Wellington 6140.

The value of such subscription will be advised by NZNO from time to time. This authority remains in force until cancelled in writing.

Signature

Date  /  /

 .....

## Reduced fee subscription

**Please complete this section if you wish to apply for the reduced fee subscription.**

*I declare that my individual earnings are less than \$26,000 gross per annum and wish to apply for the low income subsidy. Refer to Membership Fee table.*

Name:

Membership Number:

PLEASE TICK THE BOX THAT APPLIES TO YOUR INCOME LEVEL:

I declare that my total income is less than \$26,000 gross per annum.

I declare that my total income is less than \$19,000 gross per annum.

Signature

Date  /  /

**The above statement is true and correct.**



## Checklist

Please review / check that you have completed the following, before returning the form to us.

- Personal information section
- Employment details section
- Qualification & affiliations section (including proof of affiliated membership if required)
- Declaration signed
- Authority to deduct subscription from salary/wages (completed/signed if applicable)
- Reduced fee subscription (completed/signed if applicable)
- Direct Debit authority (completed/signed if applicable)
- Subscription payment section

Membership No:

### Authority to accept Direct Debits *(not to operate as an assignment or agreement)*

Please complete ONLY if you are paying by direct debit. DO NOT detach from application form.

Name of account

Bank Account from which payments to be made:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK	BRANCH NUMBER	ACCOUNT NUMBER	SUFFIX

Please attach an encoded deposit slip to ensure your number is loaded correctly

To: The Manager

<input type="text"/>
<input type="text"/>
<input type="text"/>

I/We authorise you until further notice in writing to debit my/our account with you all amounts which: **NEW ZEALAND NURSES ORGANISATION** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed below.

Information to appear on my/our bank statement: (to be completed by Initiator)

<input type="text"/>	<input type="text"/>	<input type="text"/>
PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE

Your Signature(s)

Date  /  /

#### Conditions of this Direct Debit Authority

1. The Initiator:

(a) The Initiator undertakes to give written notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months). In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give written advance notice of at least 30 days before the change comes into effect.

(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

(c) May, upon receiving an "authority transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

(b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.

(b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lies between me/us and the Initiator.

(d) The Bank accepts no responsibility or liability in respect of the accuracy of information about Direct Debits on Bank Statements.

(e) The Bank is not responsible for, or under any liability in respect of:

- any variations between notices given by the Initiator and the amounts of Direct Debits.
- the Initiators failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

(f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payments shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, Cheque or Draft properly executed by me/us and given to or drawn on the Bank.

(b) At any time terminate this Authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time-to-time.

(d) Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

Authorisation Code

0 1 0 1 2 3 5

Approved

0123

01 | 1993

For Bank Use Only  
ORIGINAL – Retain at Branch

Date Received:

Recorded by:

Checked by:

Bank Stamp

## Subscription payment

There are four payment methods. Please choose one. Please read the notes then make your decision below.

**DIRECT DEBIT (PREFERRED OPTION)**

Please determine your subscription rate and payment frequency rate from the chart overleaf and show below

\$  twice monthly OR \$  monthly OR \$  quarterly OR \$  half-yearly OR \$  annually

← Please complete the Direct Debit form alongside

**DEDUCTION FROM SALARY/WAGES**

Firstly, determine that your employer can process deductions from salary/wages, then determine your fortnightly subscription rate from the chart overleaf and show below

\$  deducted fortnightly

Fill in and detach the Authority to deduct NZNO subscription from Salary/Wages overleaf and hand to your pay office for action

**INVOICE**

Please determine your subscription rate and invoice frequency rate from the chart overleaf and show below

\$  quarterly OR \$  half-yearly OR \$  annually

For initial payment please attach cheque made out to the NZ Nurses Organisation

**CREDIT CARD (FULL PAYMENT)**

**CREDIT CARD (INITIAL PAYMENT)**

Please determine your subscription rate from the chart overleaf and show below

\$  annually

My credit card details are: *(Only Visa and Mastercard accepted)*

Visa  Mastercard

Card number  Expiry date

Cardholder's name

Cardholder's signature  Date

#### DIRECT DEBIT

Direct Debit is NZNO's preferred payment option. Paying by Direct Debit from your bank account will not attract any bank fees for you.

#### INVOICE

Please enclose a cheque for the correct amount for your initial payment, made out to NZNO, and attach it to this application form. A receipt will be forwarded to you, upon request.

For subsequent payments, you will be sent an invoice and reply-paid envelope at the intervals you have indicated on this form.

#### INITIAL PAYMENT

Membership does not commence until initial payment is received. To ensure you have coverage, please attach a cheque for a fortnight's payment or supply your credit card details. If paying by cheque, please make it payable to NZNO and attach to this application form. If paying by credit card, please complete the details under 'Credit Card (Initial Payment)':

## Publications

NZNO produces a variety of publications to keep members informed and up to date about current issues.

If you are after practice guidelines, fact sheets about nursing, pamphlets on employment issues or are looking for a copy of our annual report, you will find it on our publications page [www.nzno.org.nz/publications](http://www.nzno.org.nz/publications)

- » core documents - fundamental to the values, beliefs and priorities of NZNO.
- » education and professional development
- » employment
- » policy, regulation and legal
- » research

## Workplace rights

On our website you will find topic-based information and resources collated by us here at the New Zealand Nurses Organisation [www.nzno.org.nz/workplace\\_rights](http://www.nzno.org.nz/workplace_rights)

Topics we currently have written support for:

- » public holidays
- » workplace bullying
- » employment investigation or disciplinary meetings
- » Internationally qualified nurses
- » casual employment
- » parental leave
- » annual leave calculations
- » health & safety
- » DHB sector sick & domestic leave

If you require assistance with a workplace issue, please call the member support centre on 0800 28 38 48

## NZNO online

Our website [www.nzno.org.nz](http://www.nzno.org.nz) has all the information you need to join, get involved in membership groups, discover our campaigns, read the latest submissions on nursing matters and keep up to date with NZNO work.

Like our Facebook page

[www.facebook.com/NZNursesOrganisation](http://www.facebook.com/NZNursesOrganisation)

and take the opportunity to find out about important NZNO events, have your say and enter the occasional competition.

You can follow the NZNO blog [nznoblog.org.nz](http://nznoblog.org.nz) to get a more in depth view of the issues NZNO is working on, and to participate in the conversation.

Join the Nurses Station [www.nznursesstation.org](http://www.nznursesstation.org), a website for younger nurses. The site has discussion forums, information about nursing careers and much more.

## Contact details

Email: [nurses@nzno.org.nz](mailto:nurses@nzno.org.nz)

Website: [www.nzno.org.nz](http://www.nzno.org.nz)

Member  
Support Centre: 0800 28 38 48

Postal: PO Box 2128, Wellington 6140