



# TWU NSW

## Transdev Enterprise Agreement Update

# YOU SHOULD BE WORRIED

The NON-UNION Bargaining Representative is asking for you the following:

**NO increase to overtime rates or allowances for the 3 year term of agreement!!!**

Ask Yourself: Did you nominate him to speak on your behalf? Who is he representing?

**THE TWU ACTUALLY ASKED DRIVERS WHAT YOU WANTED. HERE IS THE LIST OF CLAIMS TO MANAGEMENT:**



**TWU DELEGATE TEAM AT TRANSDEV**

### TWU CLAIMS:

- ✓ Pay rise on **ALL** rates and allowances
- ✓ Real pay increases that recognise the efforts of drivers through the Pandemic
- ✓ Superannuation on all earnings
- ✓ Pathway to 15% Superannuation
- ✓ Safety breaks after maximum 4 hours
- ✓ Removal of the reduced 6 month training rate and penalties
- ✓ 12 hour maximum spread on split shifts
- ✓ Industry standard sign on and off times
- ✓ Industry standard end of trip recovery times
- ✓ Access to best practice industry training



Use your phone QR Code Reader to join online

## WHO IS BARGAINING FOR YOU? JOIN THE TWU TODAY. THE UNION THAT FIGHTS FOR BUS DRIVERS!

**TO JOIN GO TO [TWUNSW.ORG.AU/JOIN](http://TWUNSW.ORG.AU/JOIN) OR OR CALL TWU 1800 729 909**

- [twunsw.org.au](http://twunsw.org.au)
- [facebook.com/TWUNSW](https://facebook.com/TWUNSW)
- [twitter.com/TWUNSW](https://twitter.com/TWUNSW)

Authorised by Richard Olsen,  
State Secretary, Transport Workers' Union of NSW,  
22 John Hines Avenue, Minchinbury NSW 2770  
p: 1800 729 909 e: [info@twunsw.org.au](mailto:info@twunsw.org.au)



# TRANSPORT WORKERS' UNION NSW MEMBERSHIP FORM



TITLE	FIRST NAME	SURNAME	PREFERRED NAME	DOB
Mr Ms				/ /

**ADDRESS**

SUBURB	STATE	POSTCODE

EMAIL	MOBILE

**DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?**  No  Yes

EMPLOYER/PRINCIPAL CONTRACTOR	OCCUPATION

**I AM A**

<input type="checkbox"/> Full time permanent	<input type="checkbox"/> Part time permanent	<input type="checkbox"/> Casual	<input type="checkbox"/> Owner Driver
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**YARD ADDRESS**

I, the undersigned, hereby apply to be enrolled as a member of the Transport Workers' Union of New South Wales and the Transport Workers' Union of Australia (NSW Branch) in accordance with the Constitution and Rules of both bodies, by which I agree to be bound, and I appoint the TWUNSW and the TWUAUS as my bargaining agent.

Applicant's signature: X

Date: / /

**JOINED BY**

METHOD OF PAYMENT	PAYMENT FREQUENCY (*deducted Thursdays)
<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	<input type="checkbox"/> Weekly* <input type="checkbox"/> Fortnightly*

**DIRECT DEBIT SYSTEM DEDUCTION AUTHORITY RETURN TO TWU** (22 John Hines Avenue, Minchinbury NSW 2770)

I/We (name in full)

request you until further notice in writing to debit to my/our account described in the schedule below, any amounts which the TWU of NSW (User ID No. 092698) may debit or charge me/us through the Direct Debit System.

**NOTE:** Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

NAME OF FINANCIAL INSTITUTION	ADDRESS OF FINANCIAL INSTITUTION

ACCOUNT NAME	BSB	ACCOUNT NUMBER

SIGNATURE	DATE
X	/ /

CREDIT CARD TYPE	SIGNATURE
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	X

CREDIT CARD NUMBER	EXPIRY DATE
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY: Membership No:

JFW

TWUNSW

TWUAUS