



MEDICAL STAFF COUNCIL

Trauma Service Office Level 2 Acute Services Building (ASB)
Royal North Shore Hospital
Tel: (02) 9463 2239
Email: Vilma.Ongsitco@health.nsw.gov.au
rnhmsc@yahoo.com.au

June 21, 2016

Dear MSC Member,

RNSH Medical Staff Council Annual Membership Subscriptions – 2016/2017

As the financial year 2016/2017 approaches, it would be appropriate to remind you that the 2016/17 RNSH Medical Staff Council annual subscription fee of \$260 will soon be due.

Although the NSW Government has wisely decided to stop the sale of the Southern Campus, we are still required to lobby for sufficient funding to provide the services that the campus requires such as Childcare under RNSH control, carer accommodation, staff facilities and accommodation for rural and regional patients undergoing outpatient treatment. The hospital is consistently at almost 100 % occupancy and we also require access to rehabilitation and "step-down" beds which will take the pressure off the acute medical / surgical beds. It would also make sense to utilise the operating theatres in the Douglas Building for acute " day only" surgery which will also take the pressure off the Operating Theatres in the Acute Services Building. It is prudent to have sufficient funds in reserve in case we need to ramp up our media profile in the not too distant future.

Please return the slip below along with your payment and indicate below your method of payment; Salary Deduction, Direct Transfer or Cheque - to Secretary, Medical Staff Council, address as above, to enable a receipt to be issued.

Many thanks,

Dr Bruce Cooper
Chair, Medical Staff Council
Royal North Shore Hospital



RNSH MEDICAL STAFF COUNCIL (MSC) MEMBERSHIP – 2016/2017

NAME: Dr _____ Membership Fee Due: \$260

Please indicate method of payment:

PAYMENT OPTIONS

Salary Deduction:

(Please fill out "Deduction from Salary Form")

Employee Number									
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Direct Transfer: Bank: Westpac

Account Name: Royal North Shore Hospital Medical Staff Council
Cash Management Account

BSB No: 032-390 **Account No:** 60-0904

(Copy of Direct Transfer should be emailed to: [Email: Vilma.Ongsitco@health.nsw.gov.au](mailto:Vilma.Ongsitco@health.nsw.gov.au))

By Cheque: **made payable to: RNSH Medical Staff Council**

**(forward cheque with this slip to: Vilma Ongsitco, Trauma Service Level 2, Acute Services Building
(ASB) Royal North Shore Hospital, Reserve Road, St Leonards 2065**

Author: Functional Team CITP	Document ID FM100025
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DEDUCTION FROM PAY FORM

Employees are to complete this form if you wish to add, amend or cease deductions from your pay

Employee Number									
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Surname		Given Name (s)	
Position Number		Position Title	Staff specialist/VMO
Location/Facility	Royal North Shore Hospital	Contact Phone Number	

Add Amend Cease	Deduction Name	Effective From (DD/MM/YYYY)	Effective to (DD/MM/YYYY)	Amount (Weekly) \$	Reference Number/Name
Add	Medical Staff Council subs			10.00	

Comments:	Please pay the following account: Medical Staff Council: BSB: 032-390, account number 60-0904
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**Note: For deductions such as Health Funds, ensure that relevant documentation is attached with correct M
Address details of deduction recipient.**

Employees Signature		Date (DD/MM/YY)	
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PLEASE FORWARD TO EMPLOYEE SERVICES UNIT

<p>Newcastle Phone: 1300 679 367 Fax: (02) 4926 7878 Email: esunewcastle@hss.health.nsw.gov.au</p>	<p>Parramatta Phone: 1800 010 618 Fax: (02) 9687 5807 Email: esuchanges@hss.health.nsw.gov.au</p>
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