



Collective bargaining class exemption notice form

1. Who is in the collective bargaining group?

Describe or list the current members of the group and those who may join the group in the future.

If you have a small group that will not change, you can list the names of all members.

If you expect to add new members over time, you should provide a **general description of the members of the group**. For example: *A group of dairy farmers in the Manning Valley area in New South Wales.*

A group of doctors who are Ordinary Members of the Australian Medical Association Limited (ABN 37 008 426 793) and provide medical services in public hospitals and community health facilities in rural, regional and remote areas in States and Territories other than NSW.

2. Who does the group propose to collectively bargain with?

If you intend to negotiate with just one particular target business, or a small number of known target businesses, you can list the names of each target business.

If you do not yet know all the businesses or organisations you will bargain with (e.g. your group will run a tender) or you expect to add new target businesses over time, you should provide a **general description of the type of target businesses the group intends to collectively bargain with**. For example: *Dairy processing companies.*

State or Territory health departments in States and Territories other than NSW

Public hospitals in States and Territories other than NSW

Community Health Services in States and Territories other than NSW

Local health networks or districts in States and Territories other than NSW that manage a group of public hospitals and/or community health facilities in a specific region

3. What does the group propose to collectively bargain about?

Describe the goods or services that the group proposes to bargain about with the target businesses. For example: *Supply of raw milk.*

Remuneration and conditions for doctors providing public in-patient and out-patient services.

Remuneration and conditions for doctors providing community health services.

4. Contact details

A person the ACCC can contact in relation to the collective bargaining arrangements. This can be any member of the group or a nominated representative who is able to provide the ACCC with further information about the group if required. The contact person's name, telephone number, email address and signature will be redacted when the ACCC places this notice on its public register.

Please advise the ACCC as soon as possible if the contact person, or their details, change.

Contact person (name and, if relevant, position):	Warwick Hough
Telephone number:	[REDACTED]
Email address:	[REDACTED]
Signature of contact person:	[REDACTED]
Date:	12 February 2024