



Collective bargaining class exemption notice

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, but in most cases, to enable the addition of 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.*

Anaesthetists treating public patients in Private Hospitals/facilities in South Australia.

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

Describe or list the target business(es) or type of target business(es) the group proposes 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, but in most cases, to enable the addition of 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.*

Operators of private hospitals/facilities in South Australia participating in arrangements whereby public health system patients are treated in such hospitals/facilities.

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

Describe the terms and conditions that the group proposes to bargain about with the target businesses. For example: *Supply of raw milk.*

Processes to ensure the safety of public health system patients treated in private hospitals/facilities, industrial conditions and remuneration of members of the group of Anaesthetists participating in such agreements with said Hospitals/facilities.

4. Contact details

Provide the contact details for 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, provided they are in the position to provide the ACCC with further information about the group should it be required. Contact details will be redacted when the ACCC places these notices on its public register.

If the contact person, or their details, change, please advise the ACCC.

Contact person (name and, if relevant, position): **on behalf of**
AUSTRALIAN SOCIETY OF ANAESTHETISTS

Telephone number:

Email address:

Signature of contact person:

