



• **Tehy branch membership application form and/or union subscription collection agreement**

• **Health care sector unemployment fund membership application**



PLEASE COMPLETE IN CAPITAL LETTERS
AS WE USE AN OPTICAL READER. MAKE SURE THAT YOUR WRITING IS CLEARLY VISIBLE ON THE DUPLICATE COPY ALSO.

	<input type="checkbox"/> New member	<input type="checkbox"/> Change of workplace	Branch number Tehy will fill in the number if not known.	Mailing language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish
1. Personal details See In-structions	Identity code		Surname	
	First names		Mobile phone	
	Address - street & number		Work telephone (also area code)	
	Post code	Town or postal area	<input type="checkbox"/> No advertisements, please	
	E-mail address			
	Professional education			Date of qualification dd/mm/yy
2. Employment details See In-structions	Employer who pays your salary		Telephone (also area code)	
	Delivery address		Post code and postal area	
	Workplace/institution		Professional sector	
	Position/job title			
	Nature of employment <input type="checkbox"/> Employee <input type="checkbox"/> Official position <input type="checkbox"/> Permanent <input type="checkbox"/> Short-term contract		Working time <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Hourly work	
3. Absence from work See In-structions	At present I am absent from work due to (tick box)			
	<input type="checkbox"/> Social and/or health care training*	<input type="checkbox"/> Nursing leave*	<input type="checkbox"/> Work sharing*	<input type="checkbox"/> Abroad* <input type="checkbox"/> Other, state which _____
	<input type="checkbox"/> Maternity leave / parenting leave*	<input type="checkbox"/> Military service / conscientious objector service*	<input type="checkbox"/> Unemployed / temporarily laid off*	<input type="checkbox"/> Sick leave / rehabilitation* <input type="checkbox"/> *Expiry date _____
4. Business member's details	<input type="checkbox"/> I run my own full-time business in the health care and social sector		Business ID (Y-tunnus) _____	
	<input type="checkbox"/> I work alone	<input type="checkbox"/> I have 1 - 3 employees	<input type="checkbox"/> I have more than 3 employees	<input type="checkbox"/> I run my own business part-time
5. Unemployment fund See In-structions	<input type="checkbox"/> I am already a member of the Tehy unemployment fund			
	<input type="checkbox"/> I want to join the Tehy unemployment fund		<input type="checkbox"/> I will be employed from _____	<input type="checkbox"/> I will give details of my job later
	My previous unemployment fund		<input type="checkbox"/> I authorise the Health Care Sector Unemployment Fund to inform my previous unemployment fund that I have given up my membership.	
6. Method of paying union dues See In-structions	Method of paying union dues		<input type="checkbox"/> Employer will deduct from wages <input type="checkbox"/> I will pay the subscription myself (Tehy will send reference numbers)	
	The employer and employee have today agreed upon the collection of union membership subscription. The employee gives permission for the details of her/his wages to be forwarded to the local union representative and for transferring her/his membership automatically to the union branch according to the employer/domicile.			
	Rules for collecting the union membership subscription The employer collects the union membership subscription according to the rule which the union has provided in writing and transfers them to the Tehy account of membership dues using reference numbers supplied by Tehy. The accounting rule will be set for one calendar year at a time as a percentage or in euros, and this cannot be changed during the year. The employer will not take responsibility for any errors in the information provided by the employee or by the trade union.			
	Signed by the employer / pay-roll department and date		Member Date _____ Signature _____	
Other issues				
		Branch to complete Branch no. Date	Signature of branch representative	





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	Post code	Town or postal area	<input type="checkbox"/> No advertisements, please	
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	Position/job title			
	Nature of employment		Working time	
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	My previous unemployment fund			
	The date when I joined the previous unemployment fund	The date when I left the previous unemployment fund	<input type="checkbox"/> I authorise the Health Care Sector Unemployment Fund to inform my previous unemployment fund that I have given up my membership.	
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	Signed by the employer / pay-roll department and date		Member Date _____ Signature _____	
Other issues				
Branch to complete Branch no. _____ Date _____		Signature of branch representative		



Professional associations affiliated to Tehy

The Association of Biomedical Laboratory Scientists in Finland - Suomen Bioanalyttikkoliitto ry (SBL),
PL 110, 00060 Tehy. Tel: (09) 5422 7471, www.bioanalyttikkoliitto.fi
Magazine: Bioanalyttikko

The Finnish Paramedic Association (SEHL) - Suomen Ensihoitoalan Liitto ry, PL 80, 00060 Tehy. Tel: (09) 5422 7209, www.sehl.fi
Magazine: Ensihoitaja-lehti.

The Finnish Association for Physiotherapists - Suomen Fysioterapeutit -Finlands Fysioterapeuter ry (SF),
Asemamiehenkatu 4, 00520 Helsinki. Tel: (09) 877 0470, www.fysioterapia.net
Magazine: Fysioterapia.

The Federation of Finnish Midwives - Suomen Kätilöliitto ry, (SKäL)
PL 100, 00060 Tehy. Tel: (09) 5422 7491, www.suomenkatiloliitto.fi
Magazine: Kätilö.

The Finnish Association of Child Care and Nursery Nurses (SLaL) -Suomen Lastenhoitoalan liitto ry,
PL 120, 00060 Tehy. Tel: (09) 5422 7501, www.slal.fi
Magazine: SLaL.

Finnish Practical Nurses - Suomen Lähihoitajat ry (SL), c/o Merja Kokkonen, PL 10, 00060 Tehy. Tel: (09) 5422 7209

The Finnish Mental Health Care Sector Association - Suomen Mielenterveyshoitoalan Liitto ry (SMTHL),
PL 130, 00060 Tehy. Tel: (09) 5422 7209, www.smthl.net
Magazine: Mielenterveyshoitaja-Mentalvårdare.

The Society of Radiographers in Finland - Suomen Röntgenhoitajaliitto ry (SRL),
PL 140, 00060 Tehy. Tel: (09) 5422 7521, www.suomenrontgenhoitajaliitto.fi
Magazine: Radiografia.

The Finnish Nurses Association - Suomen sairaanhoitajaliitto ry (Ssl),
Asemamiehenkatu 4, 00520 Helsinki. Tel: (09) 229 0020, www.sairanhoitajaliitto.fi
Magazine: Sairanhoitaja-Sjuksköterskan.

The Finnish Federation of Oral Health Care Professionals - Suun Terveysten Ammattiliitto ry (STAL),
PL 90, 00060 Tehy. Tel: (09) 5422 7531, www.stal.fi
Magazine: Suun Terveysten Ammattiliitto ry.

In partnership:

The Finnish Association of Chiropractors and Podiatrists (SJJL) - Suomen Jalkojenhoitaja- ja Jalkaterapeuttiliitto ry,
PL 150, 00060 Tehy. Tel: (09) 701 1140, www.saunalahti.fi/sjil
Magazine: Podoprintti.



Tehy pays
the postage

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