



• 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 | <input type="checkbox"/> New branch number | 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 _____ *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 want to join the 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. | |
| | <input type="checkbox"/> I am already a member of the unemployment fund | | | |
| | <input type="checkbox"/> I do not join the unemployment fund | | | |
| 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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| 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 | | | Working time | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Official position | <input type="checkbox"/> Permanent | <input type="checkbox"/> Short-term contract | <input type="checkbox"/> Full-time work | <input type="checkbox"/> Part-time work | <input type="checkbox"/> Hourly work |
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| | <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* | *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 | | |
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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 Bioanalytikkoliitto ry (SBL),
PL 110, 00060 Tehy. Tel: (09) 5422 7471, www.bioanalytikkoliitto.fi
Magazine: Bioanalytikko

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

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.

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 2, 00520 Helsinki. Tel: (09) 229 0020, www.sairanhoitajaliitto.fi
Magazine: Sairanhoitaja-Sjuksköterskan.

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

In partnership:

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

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



Tehy pays
the postage

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