



14 February 2022

Lakes District Health Board

Dear X,

According to our records, as a non-NZNO member, you are currently employed on an individual employment agreement (IEA) based on the NZNO Nursing and Midwifery Multi-Employer Collective Agreement (MECA) which expired on 31 July 2020.

We would like to offer to replace your current IEA with one based on the terms and conditions of the NZNO MECA of 1 August 2020-31 October 2022.

A copy of this MECA has been attached for your information.

This offer is made on the basis that you are not a current member of NZNO. If this is incorrect, please disregard this letter and advise Leah Thomson, HR Information Officer, Human Resources, Lakes DHB directly. We will update your details.

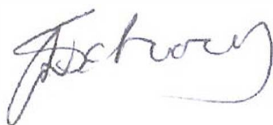
The above offer remains open until 11 March 2022 and will lapse after that time. If you wish to accept this offer, please complete the attached acceptance form and return it to Leah Thomson, HR Information Officer, Lakes District Health Board no later than this date.

On receipt of your acceptance of this offer, the changes to your terms and conditions detailed above will apply **from the 6th September 2021** and will remain in place until varied by agreement. Should you subsequently join NZNO, the terms and conditions of your IEA will cease to apply, and your terms and conditions will become those of the applicable collective agreement, irrespective of whether these are more favourable to you or not.

If you do not accept this offer, or do not respond by the specified date, you will remain on your current terms and conditions.

You are entitled to seek independent advice regarding the proposed IEA before making your decision. If you require further time, please contact Margaret Vercoe, HR Consultant, Human Resources, Lakes District Health Board as soon as possible (contactable on ext. 8763).

Yours sincerely



Hannes Schoeman
General Manager
Human Resources
Lakes District Health Board

Signed Acceptance

I, **XXXX** agree to the terms and conditions of employment outlined in this letter. I understand that those terms become my new employment terms and conditions, replacing and superseding all previous contracts or agreements.

I acknowledge that before signing this form I was advised of my entitlement to seek independent advice and was given a reasonable opportunity to seek that advice before making my decision.

Signed: _____

Date: _____

cc: Human Resources
Payroll

Please return your signed acceptance to Leah Thomson, HR Information Officer, Human Resources, Lakes District Health Board no later than 11 March 2022.