



BOPDHB Staff Wellness Centre SWEAT Staff & Buddy Membership Form

Use this form to apply for or cancel your membership

Please complete and email to: staff.wellness@bopdhb.govt.nz

SITE: *(please select)*

Tauranga Hospital

Whakatane Hospital

Employee Name: _____ Employee no: _____
(Surname) (First names)

Email: _____ Contact no: _____

Position/Department: _____ Staff ID card no: _____
(5 digit no. on reverse side of your ID card)

If applying for Buddy membership: (Requires \$20.00 joining fee)

Buddy's Name: _____
(Surname) (First names)

FOR HOSPITAL STAFF TO COMPLETE: *(please select)*

- Please make a **fixed deduction** each pay day (fortnightly) of \$16.00 (staff membership)
- Please make a **fixed deduction** each pay day (fortnightly) of \$40.00 (staff & buddy membership)
- Please **cancel** my pay deduction of \$16.00 each pay day (staff membership)
- Please **cancel** my pay deduction of \$40.00 each pay day (staff & buddy membership)

To help continue the improvement of our service, please tell us why you are choosing to cancel your membership *(if applicable)*: _____

THIS AUTHORITY WILL APPLY FROM THE NEXT PAY PERIOD POSSIBLE

I hereby authorise and request Bay of Plenty District Health Board (the Organisation) to deduct and remit to SWEAT, the stated amount above from payments for salary, wages or other payments which may from time to time become due to me. I agree that the payslip given by the Organisation shall be sufficient evidence of payment.

Employee Signature: _____ Date: _____

FOR ALL APPLICANTS TO COMPLETE:

I understand that SWEAT will take no responsibility for any injury caused to members whilst using the facility and equipment. I accept total responsibility and agree to use the facility and all equipment safely and in accordance with SWEAT guidelines. I take responsibility for educating myself about using the equipment properly and appropriately in order to avoid injury. I have read and understand the SWEAT rules and regulations and agree to abide by them.

Employee Signature: _____ Date: _____

Buddy Signature: _____ Date: _____

Membership can only be terminated once the below details have been completed by a SWEAT committee member

SWEAT COMMITTEE MEMBER TO COMPLETE:

Existing Member: Yes / No Membership no: _____ Buddy ID card no: _____

Committee Member Name/Signature: _____ Date: _____