



UHA for NSW Inc.

Financial Year ending 30/6/2023 HOURS WORKED PER BRANCH (Please ensure you total each column)

BRANCH NAME		UHA REGION	
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Please note the information provided on this form is required by the Ministry of Health for data purposes and must be completed

Details	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
UHA <i>Executive hours cover all hours spent in fulfilling those positions as specified in the UHA Policy & Procedures Manual</i> <i>NB: Meetings and conference details should include travel time to/from for members. Please ensure all attending members are included.</i>													
Branch Meetings													
AGM													
Regional/Zone Conf.													
Executive hours													
State Conference													
Fund Raising <i>Fund Raising includes all those hours which are needed to organise and prepare for fund raising activities as well as the hours spent at the actual activity.</i> <i>NB: Within the Fund raising area if a main source of your hours does not fit a particular description given please use the "other activities line"</i>													
Kiosk/Coffee Shop													
Trolley													
Gift Shop													
Street Stalls													
Raffles													
Functions													
Fetes													
Craft/Baking etc													
Other Activities													
Patient Care <i>NB: Within the Patient Care area if a main source of your hours does not fit a particular description given please use the "other activities line"</i>													
Visting													
Shopping/Transport													
Patient Feeding													
Escort Assistance													
Working in Hospital													
Other Activities													
Employees													
Kiosk/Coffee Shop													
TOTAL HOURS													

The information on this form is correct as at the time of completion

Signature: _____

Date: _____

THIS FORM IS TO BE RETURNED TO HEAD OFFICE BEFORE: 31st AUGUST 2023

TO: UHA OF NSW INC. LOCKED BAG 2030, ST LEONARDS NSW 1590