

ASMS LPS COMMUNICATIONS PRE STRIKE April 2025

- 1. Reduction in Requests** – advice to ASMS (signed agreement copied to anne@rascanneil.co.nz)

Lakes District confirms the following amended request(s) for LPS services.


- (Describe staff category, location/ward, shift and the nature of LPS approved i.e. on call, on duty.)*

Area	LPS was	LPS Reduce to
Mental Health	<ul style="list-style-type: none"> 00.01am – 08:00am on-call off-site 	<ul style="list-style-type: none"> NIL required (cover by non-member)
Mental Health	<ul style="list-style-type: none"> 08:00am to 16:30pm Taupo Acute Response Team on-call off-site 	<ul style="list-style-type: none"> NIL required (cover by non-striking member)
Rotorua ED	<ul style="list-style-type: none"> 1x SMO 1300-2300 on duty on site 	<ul style="list-style-type: none"> Non-union member covering
Rotorua ED	<ul style="list-style-type: none"> 1x SMO 2230-2359 on call offsite 	<ul style="list-style-type: none"> Non-union member covering
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Confirmed: Yes/No.

Name (District): Lakes

Name (ASMS)

Signature: 

Date: 23/04/2025

- 2. Request for additional LPS** – request to Executive Director Sarah Dalton - sarah.dalton@asms.org.nz (copied to anne@rascanneil.co.nz)

_____ District confirms an additional request for LPS as follows:

- (Describe skill set required, shift, location)*
- Rationale for request*

➤ Reason for LPS – nature of functions to be performed

➤ Actions taken to cover the request without recourse to LPS request.

Agreement:

This request has been accepted/declined:

Name ASMS:

Name District:

Signature:

Signature:

Date:

-----District and ASMS have agreed to the LPS attender for this request as follows:
