



Referral from LCF to ACC

Date:

Referred by:
(Tick One Box Only)

LCF Group
(No agreement reached on matter)

Health Service District
(or equivalent)

Background:

This section must include a brief description of the issue/matter in sufficient detail to enable an understanding of the matter to be considered by the ACC.

Recommendation:

The action required of the ACC
eg. to note, to action, to approve, to resolve

Issue:

Discussion of the issue relating to the matter under consideration and the supporting argument as to why a course of action is warranted.

This section must detail the consultation undertaken to date, the dates the matter was discussed at the LCF and whether or not agreement has been reached at the LCF on the matter.

If agreement has not been reached details must be provided as to which areas or aspects of the matter remain unresolved.

Action taken to resolve:

Detail the genuine steps that have been taken to attempt to resolve the issue.

Submitted by:

Contact details:

Noted on behalf of
Management:

Noted on behalf of the Health
Unions:

Please return the complete form to: ghssp_hr@health.qld.gov.au or fax: (07) 3636 5853