# HSU WA Branch

# Statement of loans, grants and donations exceeding $1,000 for financial year ending 30/06/2025

## Organisation details

| | |
|---|---|
| **Name of organisation including division or branch** | Health Services Union Western Australia Branch |
| **Postal address** | P O Box 8204, Perth Business Centre, Perth WA |
| **Postcode** | 6849 |

## Details of officer signing the statement

| | |
|---|---|
| **Name** | Naomi McCrae |
| **Name of office held in organisation** (The person signing the statement must be an office-holder of the organisation) | Branch Secretary |
| **Postal address** | P O Box 8204, Perth Business Centre, Perth WA |
| **Postcode** | 6849 |
| **Telephone number (PH)** | (08) 9328 5155 |
| **Facsimile number** | (08) 9328 9107 |
| **Email** | union@hsuwa.com.au |

I certify that the information contained in this statement and its attachments is true and complete.

| | | | |
|---|---|---|---|
| **Signature** |  | **Date** | 10/07/2025 |

**An organisation must lodge this statement within 90 days of the end of its financial year.**

# Loans, grants and donations exceeding $1,000 made by organisation (if insufficient space, please attach separate sheet)

## Loans

| Name of recipient of loan | Address | Amount | Purpose for which loan required | Security given in relation to loan | Arrangements for repayment of loan |
|---|---|---|---|---|---|
| **Nil** | | | | | |

**Note:** where a loan is made to relieve a member or dependant of a member from severe financial hardship, the name and address and particulars of arrangements for repayment need not be stated.

## Grants

| Name of recipient of grant | Address | Amount | Purpose of grant |
|---|---|---|---|
| **Nil** | | | |

**Note:** where a grant is made to relieve a member or dependant of a member from severe financial hardship, the name and address need not be stated

## Donations

| Name of recipient of donation | Address | Amount | Purpose of donation |
|---|---|---|---|
| **Nil** | | | |
| | | | |

**Note:** where a donation is made to relieve a member or dependant of a member from severe financial hardship, the name and address need not be stated.