

# Staff Details Form

## Staff Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

## Emergency Contact 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

## Emergency Contact 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

## Banking Details

Account Name: \_\_\_\_\_  
BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank: \_\_\_\_\_

## Tax Details

Employee TFN: \_\_\_\_\_

TFN Declaration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Claim the Tax-free Threshold:  Yes  No

Australian Resident for tax purposes:  Yes  No

Higher Education Loan Debt (HELP):  Yes  No

Financial Supplement Debt:  Yes  No

Additional Information: \_\_\_\_\_

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## Superannuation Details

Name of Fund: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Fund ABN + SPIN: \_\_\_\_\_

Fund BSB + Account Number: \_\_\_\_\_

Fund Contact Details + Tel: \_\_\_\_\_

## Medical Details

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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**OFFICE USE ONLY**

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**Job Information**

Position Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Start Date: \_\_\_\_\_ Work Location: \_\_\_\_\_

Employment Type: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Standard work days/times: \_\_\_\_\_

Salary p.a (FT or FTE): \_\_\_\_\_

Modern Award & Classification: \_\_\_\_\_

Tenure:  Full Time  Part Time  Casual

Allowances or Deductions: \_\_\_\_\_

Annual Leave Accrues per annum (pro-rata for PT):  4 weeks  5 weeks  6 weeks

Leave Loading Applicable: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Qualifications**

Qualification	Date Obtained	Institution

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

## Police Check

Date Checked	Expiry Date	Checked By	Signature

## Working with Children Check

Date Checked	Expiry Date	Checked By	Signature

## Driver's Licence

Date Checked	Expiry Date	Checked By	Signature

## First Aid

Date Checked	Expiry Date	Checked By	Signature

**CPR**

<b>Date Checked</b>	<b>Expiry Date</b>	<b>Checked By</b>	<b>Signature</b>

**Other Check (specify):** \_\_\_\_\_

<b>Date Checked</b>	<b>Expiry Date</b>	<b>Checked By</b>	<b>Signature</b>