**NEW EMPLOYEE DETAILS**

|  |  |
| --- | --- |
| **Employer to complete** | |
| **Position Title** |  |
| **Department** |  |
| **Employment Status** | Full time  Part time  Casual  Fixed term contract |
| **Commencement Date** |  |
| **Ordinary hours of work** |  |
| **Right to work in Australia** | YES  NO |
| **Evidence of ID** | YES  NO |
| **Evidence to work in Australia** | YES  NO |

|  |  |
| --- | --- |
| **Employee to complete** | |
| **Personal Details** | |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Phone Number(s)** |  |
| **Evidence of Identification** | ***Please provide a copy of your Driver’s License or Passport and attach to this form.*** |

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| --- | --- | --- | --- |
| **Emergency Contact Details** | | | |
| **Contact 1** | | **Contact 2** | |
| **Full Name** |  | **Full Name** |  |
| **Phone Number** |  | **Phone Number** |  |
| **Relationship to employee** |  | **Relationship to employee** |  |

|  |  |
| --- | --- |
| **Relevant Known Medical History** | |
| **Any Known Allergies** |  |
| **Any known medical conditions your employer should be aware of (e.g., epilepsy, asthma, diabetes)** |  |

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| **Employee Bank Details** | |
| **Primary Account**  Please deposit my whole net pay to Primary Account | |
| **Account Name** |  |
| **BSB Number** |  |
| **Account Number** |  |
| ***OR*** | |
| **Split Account**  Please deposit my net pay into multiple accounts | |
| **Deposit $** |  |
| **Account Name (Acc. 1)** |  |
| **BSB Number** |  |
| **Account Number** |  |
|  | |
| **Deposit $** |  |
| **Account Name (Acc. 2)** |  |
| **BSB Number** |  |
| **Account Number** |  |

|  |  |
| --- | --- |
| **Employee Authorisation** | |
| **I authorise that my net pay be deposited into the bank account/s detailed above** | |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |