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| Employee Details: |

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| **Full Name:** | **Date of Birth:** |
| **Address:** | **Phone Numbers: (m)** **(h)** |
| **E-mail address:** | **Full Time / Part Time / Casual** |
| **Commencement Date:** | **Tax File Number:** |
| **Do you wish to pay more tax per week: Yes / No** | **If yes how much: $** |

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| --- | --- |
| Employee Nominated Bank Details: |  |
| Bank: |  | **Branch:** |
| BSB Number: | **Account Number:** |

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| **Bank Account Name:** |

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| Award Information: |
| Relevant Award: |
| Classification under award: |
| Level / Step under award: |

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| --- |
| Superannuation Fund Details: |
| Superannuation Fund Name: |
| Employee Membership Number: |

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| **Do you wish to contribute weekly to your Superannuation yourself? Yes / No** |
| **If yes how much: $** | **This is a members contribution and is calculated after tax** |

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| Emergency Details: |
| Next of Kin (NOK): | **Relationship:** |
| Address of NOK: | **Contact Numbers for NOK:** |
| 2nd contact in the case of an emergency: | **Phone:** |
| Employee’s GP details: |  |
| Medicare Number: | **Private Health Fund Details:** |

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| --- | --- |
| **Employee’s known allergies:** | **Treatment:** |