



NEW EMPLOYEE FORM

PERSONAL DETAILS

First Name:	Last Name:
Date of Birth:	Gender:
Phone:	Mobile:
Address:	
Email Address:	
Start Date:	
Tax File Number:	

MEDICAL/EMERGENCY INFORMATION

Blood Type (if known):	
Do you have any disabilities or pre-existing medical conditions and would like additional support? If yes, please specify:	Yes/No
Do you have any allergies? If yes, please specify:	Yes/No
Do you take regular medication that you believe we should know about?	Yes/No
Name of Emergency Contact:	
Mobile Phone:	
Other Phone:	

BANK ACCOUNT DETAILS

Bank:	
Account Name:	
BSB:	Acct No:

SUPERANNUATION

Super Fund:
Fund Address:
Fund Phone:
Member Number:

BUSINESS DETAILS [if applicable]

Business Name:
ABN:

Please indicate by ticking the box if following documents are attached:

Tax File Declaration: []
Superannuation Choice form: []
Signed Contract: []

Please attach the following documents if current (include expiry date):

Mental Health First Aid [] _____
First Aid/CPR [] _____
Police Check [] _____
Working With Children Check [] _____
Disability Awareness Training [] _____
Trauma Informed Care [] _____

STAFF USE

Signed:
Date:

We look forward to working with you!