

## New Employee Information

Please complete the following information to ensure that we have all of your correct details regarding payment of your salary and other specific requirements.

<b>Personal Details</b>					
Surname: _____		Given Name: _____			
Preferred Name: _____		Title (please circle): <b>Mr</b> <b>Mrs</b> <b>Ms</b> <b>Miss</b>			
Home Address: _____		D.O.B _____			
Suburb: _____		State: _____		Postcode: _____	
Home Telephone: _____		Mobile: _____			
<b>Bank Account Details</b>					
Bank Name: _____		Account Name: _____			
Account Number: _____		BSB Number: _____			
<b>Bank Deductions</b>					
If you would like your salary to be split between accounts, please complete the details below. Please note that salary deductions are only available for permanent and contract staff.					
Bank Name 1: _____		Account Name: _____			
Account Number: _____		BSB Number: _____			
Amount for Payment: _____		(Per month)			
<b>Health Insurance</b>					
If you have an established health fund and would like your payments to be made via salary deductions, please provide the following information:					
Name of fund: _____		Membership Number: _____			
Amount for payment:        \$ _____		(per month)			
<b>Superannuation Details</b>					
Name of fund: _____		Contact Name: _____			
Fund address: _____					
Membership number: _____					
Employee contributions in addition to SGC payments :					
(Optional)		(% of salary)			
<b>Emergency Contact Details</b>					
1. Surname: _____		Given name: _____			
Relationship: _____		Home telephone: _____			
Business:        ( )		Mobile:        ( )			
<b>PHYSICAL/MEDICAL</b>					
Describe your general health:		Poor	Fair	Good	Excellent
Are you allergic to anything? If yes please describe.					

