

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.

Personal Details					
Surname: _____		Given Name: _____			
Preferred Name: _____		Title (please circle): Mr Mrs Ms Miss			
Home Address: _____		D.O.B _____			
Suburb: _____		State: _____	Postcode: _____		
Home Telephone: _____		Mobile: _____			
Bank Account Details					
Bank Name: _____		Account Name: _____			
Account Number: _____		BSB Number: _____			
Bank Deductions					
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)			
Health Insurance					
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)			
Superannuation Details					
Name of fund: _____		Contact Name: _____			
Fund address: _____					
Membership number: _____					
Employee contributions in addition to SGC payments : (Optional)		(% of salary)			
Emergency Contact Details					
1. Surname: _____		Given name: _____			
Relationship: _____		Home telephone: _____			
Business: ()		Mobile: ()			
PHYSICAL/MEDICAL					
Describe your general health:		Poor	Fair	Good	Excellent
Are you allergic to anything? If yes please describe.					

