



**NEW STARTER FORM - CONFIDENTIAL INFORMATION**

The information provided on this sheet will be used to setup your details on our payroll system and your personnel file.  
Please ensure all details are correct.

| Employee Personal Details                 |                |
|---|----------------|
| Last Name:                                | First Names:   |
| Residential Address:                      |                |
| Postal Address (if different from above): |                |
| Post Code:                                | Date of Birth: |
| Contact Number:                           | Email Address: |

| Emergency Contact |               |
|-------------------|---------------|
| Name:             | Relationship: |
| Contact Number:   |               |

| Taxation Details |
|------------------|
| Tax File Number: |

| Superannuation Details      |                |
|-----------------------------|----------------|
| Name of fund:               | Member Number: |
| Super Fund ID (USI or ABN): |                |

| Banking Details |                 |
|-----------------|-----------------|
| Bank Name:      | Branch Name:    |
| BSB Number:     | Account Number: |
| Account Name:   |                 |

|  |
|--|
| <b>PPE – Please circle your shirt size:</b> S   M   L   XL   2XL   3XL   4XL   |
| <b>Do you identify as Aboriginal or Torres Strait Islander?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> |