



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 you write neatly and clearly, and all details are correct.

EMPLOYEE PERSONAL DETAILS

Last Name:	First Name:	Middle Names:
Residential Address:		P/Code:
Postal Address (if different from above):		
Date of Birth:	Mobile:	Email Address:

EMERGENCY CONTACT

Name:	Relationship:	Contact Number:
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TAXATION DETAILS

Tax File Number :

SUPERANNUATION DETAILS

Please also complete the Superannuation Choice form attached

Super Fund Name		
Superfund ABN	USI	Member Number

BANKING DETAILS

BSB Number:	Account Number:
Account Name:	

MEDICAL DECLARATIONS - Please initial each

Do you have any pre-existing injuries or medical conditions that require prescription medication or could be reasonably be expected to be aggravated by performing your role?	Y / N
Do you have any disabilities or difficulties that may place you at increased risk at work?	Y / N
Have you ever had any mental health issues requiring medication (antidepressants, sedatives or sleeping tablets) or counselling?	Y / N

I DECLARE THIS INFORMATION IS TRUE AND CORRECT

Signature:	Dated
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