



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 & Middle Names:

Residential Address:

Postal Address (if different from above):

Post Code:

Date of Birth:

Contact Number:

Email Address:

Emergency Contact

Name:

Relationship:

Contact Number:

Banking Details

BSB Number:

Account Number:

Account Name:

Declarations

Please Y/N & 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?

- Yes
 No

Declarations	Please Y/N & initial each
Do you have any disabilities or difficulties that may place you at increased risk at work?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever had any mental health issues requiring medication (anti-depressants, sedatives or sleeping tablets) or counselling?	<input type="radio"/> Yes <input type="radio"/> No
Do you have any allergies? If so, please specify:	<input type="radio"/> Yes <input type="radio"/> No
Do you take any medication? If so, please specify:	<input type="radio"/> Yes <input type="radio"/> No
Do you identify as Aboriginal or Torres Strait Islander origin?	<input type="radio"/> Yes <input type="radio"/> No
Are you in Australia on a Working Visa or similar? If so, please upload a copy of your Visa	<input type="radio"/> Yes <input type="radio"/> No

I DECLARE THIS INFORMATION IS TRUE AND CORRECT
Signature:
Date: