

FORM - Employee - Personal Details

Employee Details

Name	
Date of Birth	
Address	
Gender	
Pronouns	
Email	
Telephone	
Mobile	
Identify as Aboriginal and Torres Strait Islander	

Vehicle & Licence Details

Licence Number	
Licence Expiry Date	
Vehicle Registration	
Registration Expiry Date	
Insurance Expiry Date	
Insurance Policy Number	
Insurance Type	<input type="checkbox"/> comprehensive <input type="checkbox"/> third party
Insurer	

Superannuation Details

Fund Name	
Member Number	

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Long Service Leave Scheme Details

Fund Name	
Member Number	

Banking Details

Bank Account Name	
Bank	
Bank Account BSB	
Bank Account Number	
Salary Packaging (Available to All Employees)	<input type="checkbox"/> Yes <input type="checkbox"/> No Contact finance@headwaygippsland.org.au for any queries

NDIS Worker Screening Check Details

Do you have a current NDIS Worker Screening check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number & Expiry Date	

Working with Children Check Details

Do you have a current Working with Children card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number & Expiry Date	
Please update the details of your Working with Children card to include Headway Gippsland Inc. as an employer. This can be done via the following site https://www.workingwithchildren.vic.gov.au/individuals/current-cardholders/update-my-details	

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Emergency Contact Details

	1	2
Name		
Address		
Relationship		
Telephone		
Mobile		

Medical Details

Do you have a medical or other impairment that may cause you difficulty when employed by Headway Gippsland Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide further details below.	

Other Information

Can you speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list below.	
Do you have any dietary requirements? (for any catering purposes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list below.	

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Availability Details

	All Day	AM only	PM only	As required
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Secondary Employment Declaration:

Please list below the details of any other current employment you have:

	1	2
Name of business		
Address		
Hours per fortnight		

It is the responsibility of the employee to advise of any change to the Secondary Employment Declaration during your employment with Headway Gippsland Inc.

Employee Signature

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Date

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