



Community Care TASMANIA Confidential Employee Information Form

This form is to ensure that all relevant information is kept secure and in one place.
Please provide the following information.
It will be placed in your staff file and will be kept confidential.
This information will **NOT** be provided to anyone else by CCT Office Staff.

1. Personal Details

Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Preferred Name:		Date of Birth: / /	
Residential Address	House Number and Street		
	Suburb or Town and State		Postcode
Home Phone:		Mobile Phone:	
Email:			
Country of birth:			
Other spoken languages:			

3. Payroll Information

Bank Name:	
Account Name:	
BSB:	Account Number:
Taxation File Number (TFN):	
Do You Wish To Have Additional Tax Deducted From Your Wage/Salary? <i>(Please Tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please Nominate The Amount Per Pay Period You Wish To Have Deducted. \$	
<i>(NB. Pay Period Is Fortnightly)</i>	

4. Superannuation Details

Fund Name:	Membership Number:
Do You Wish To Contribute Additional Monies From Your Wage/Salary To Your Superannuation Fund? <i>(Please Tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please Nominate The Amount Per Pay Period You Wish To Contribute: \$	
<i>(NB. Pay Period Is Fortnightly)</i>	



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5. Motor Vehicle Details

(We need a copy of your Drivers Licence, Motor Vehicle Registration and Motor Vehicle Insurance Policy)

Motor Vehicle Type:	
Year:	Registration Number:

6. National Police Check Details

It is a requirement of this organisation that we hold on file a current National Police Check.

You will **NOT** be able to begin or continue work with Community Care Tasmania without a current certificate.

Have you supplied Community Care Tasmania with a copy of your current National Police Check?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, I Have Sent My Application I Am Awaiting My Certificate.	<input type="checkbox"/> No, Please Provide Me With Details On How I Do This.

7. Statutory declarations

It is a government requirement for this organisation to hold a statutory declaration for people who have lived in another country other than Australia after turning 16.

Were you born in another country or have you been a citizen or permanent resident of a country other than Australia since turning 16 years of age?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please fill out a Statutory Declaration and have it witnessed by a Justice of the Peace or Commissioner of Declarations

8. Emergency Contact Details

Please provide two (2) emergency contacts.

Primary Contact

Full Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone: <i>(If Appropriate)</i>

Secondary Contact

Full Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone: <i>(If Appropriate)</i>

The above information is correct and if there are any changes I will contact the office to provide that information.

Signed:..... **Date:**.....