

Interchange Outer East - Employee Personal Details

IOE Staff/Inductor Name _____

Position: Permanent Casual Specialised Care

Job Title _____

Personal Details:

Given Names: _____

Surname: _____

DOB: _____ Tax File Number: _____

Formal Qualifications: _____

Address (Street): _____

Suburb: _____ Postcode: _____

Email: _____

Home Ph: _____ Mobile Ph: _____

Emergency contact: Name: _____

Relationship: _____ Phone: _____

Bank Details:

BSB: _ _ _ - _ _ _ (Please include 6 digits) Account No (Not card number): _____

Bank: _____ Suburb account held (as noted on statement): _____

Signed: _____ Date: _____

OFFICE USE ONLY: Please ensure that **all** details are completed for payroll.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> HR3 | <input type="checkbox"/> IX – PRID |
| <input type="checkbox"/> LEVEL 3 | <input type="checkbox"/> TRAINING |
| <input type="checkbox"/> CONTRACT | <input type="checkbox"/> BANK |
| <input type="checkbox"/> SUPER | <input type="checkbox"/> TAX DEC |
| <input type="checkbox"/> DATA BASE | <input type="checkbox"/> EXCEL |
| <input type="checkbox"/> IX | <input type="checkbox"/> DWES |
| <input type="checkbox"/> CRIM CHECK Number: _____ | Issued: _____ |
| <input type="checkbox"/> WWCC Number: _____ | Expiry: _____ |

- | | |
|--|---|
| <input type="checkbox"/> Update HR3 (Julie/Joy) | <input type="checkbox"/> Update Quickbooks (Marnie/Helen) |
| <input type="checkbox"/> Update Westpac (Marnie) | <input type="checkbox"/> File |