### Employee Details Form

### PLEASE COMPLETE AND RETURN



**Confidential**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  | Postcode: |  |
| Mobile: |  | Email: |  |

|  |  |
| --- | --- |
| Date of Birth: |  |

**BANK DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank: |  | Account Name: |  |
| BSB: |  | Account No: |  |

|  |
| --- |
| **CONTACT IN CASE OF AN EMERGENCY** |
| Name: |  | Relation: |  |
| Address: |  |
|  |  | Postcode: |  |
| Phone: |  | Fax: |  |
| Mobile: |  | Email: |  |

|  |  |
| --- | --- |
| Tax File Number: |  |
| Superannuation Fund: |  |
| Member Number: |  |

|  |
| --- |
| Are there any medical conditions we should be aware of? |
|  |

*NOTE: Details listed on this card will not be disclosed to the public.*