



Aranda Afters Association Incorporated

STAFF INFORMATION FORM

<i>Staff details</i>	
Name:	
Date of Birth:	
Residential Address:	
Postal address if different:	
Contact details:	
Email Address:	
Do you have any allergies or medical conditions such as asthma/diabetes that we should be aware of in case of emergencies?	
<i>Next of Kin Details</i>	
Name:	
Contact:	
Relationship:	
<i>Pay details</i>	
Tax File Number:	
Bank Details: BSB:	ACCT NO:
Super Fund: Default Fund Hesta <input type="radio"/> My own fund details supplied <input type="radio"/>	
Pay Level: CSE 1.1	
<i>Pay slip & Payment Summary details</i>	
I consent to my pay slips and payment summary being sent to me in email Yes <input type="radio"/> No <input type="radio"/>	
Signature:	
Email address:	
<i>Qualifications record</i>	
Qualifications:	
Certified Supervisor Certificate ID:	
First aid certificate ID:	Expiry:
WWVP ID:	