



FORM: STAFF DETAILS

PURPOSE

This document is for capturing the details of new staff whether they be a contractor or an employee. Please note, where copies of certain information are requested, softcopies, scans, digital photos are acceptable (as long as they are clear and legible).

PRIVACY

Fenix is committed to ensuring that your personal information, including your health information, is handled in accordance with The Privacy and Data Protection Act 2014 (Vic), The Health Records Act 2001 (Vic) and other relevant privacy legislation.

DETAILS

All fields are required to be completed.

Your Details			
First name		Last name	
Birth Date		Start Date	
Residential Address			
Mobile			
Email			
ABN		TFN (Employee Only)	

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Bank _____	Account Name _____	BSB -----	Account -----
Preferred Superannuation Fund (Employee Only)		Account Type and Number (Employee Only)	
CV or Resume Provided (Employee Only) *			
Police Check Yes or No?		If YES, please provide a copy If NO, please arrange one	
Passport Yes or No?		If yes, please provide a clear copy of the front page	
Visa Status		Please provide evidence	
Drivers Licence Yes or No?		If yes, please provide a clear copy of front and back	
First Aid Certificate Yes or No?		If yes, please provide a copy	
Are there any health issues about which Fenix needs to be aware? Y or N		If yes, please provide details here (use back of page if more space is required) Your privacy will be respected.	
What medical insurance do you have?		Id Number	
Emergency Contact Details			
Full Name		Title	
Contact Details		Relationship	