

**STAFF DETAILS FORM**

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| Employee Name:  |
| Employee Phone:  |
| Employee Email: |
| ID No of Family Supported:  |
| Pay Rate Level:  |
| Employee Number:  |

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| Residential Address:  |  |
| Postal Address: (if not same as above)  |  |
| Alternative Phone Contact:  |  |
| Preferred Method of Contact |  |
| Next of Kin Details: Phone No. |  |
| Next Kin of Relationship:  |  |
| Vehicle Registration Number: |  |
| Bank Name:  |  |
| Name of Account Holder: |  |  |
| Bank BSB: |  |
| Account Number: |  |
| Driver’s License Number:  |  |
| Signature of New Employee:   | **Date:**  |
| OFFICE INFORMATION |
| Date of First Interview in Office:  |  |
| Date of Family Meeting:  |  |
| Date Employment Commenced:  |  |