

Staff Personal Details

If there is a change in any of the following details, employees are required to update the relevant section and resubmit the form

Part A – Personal Details

Name: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	
Suburb: <input style="width: 80%;" type="text"/>	Postcode: <input style="width: 40%;" type="text"/>
Mobile: <input style="width: 80%;" type="text"/>	
Home Phone: <input style="width: 80%;" type="text"/>	

The personal information requested in this form is used to manage all aspects of your employment with the organisation, to facilitate communication with you and to enable the organisation to meet its reporting requirements to relevant government agencies. You are requested to complete the Personal Details, Emergency Contacts and Pre-existing Injury sections. Completion of the EEO section of this form is voluntary. Collated EEO data is used for reporting and monitoring purposes. The information you provide will be entered into the HR/Payroll system (HR3) and placed on your staff record.

Part B – Emergency Contact Details (for use in the event of illness or accident)

(1) Full Name:

Relationship:

Telephone: Home: Work: Mobile:

(2) Full Name:

Relationship:

Telephone: Home: Work: Mobile:

Part C - Banking Details

Account 1 is the primary account which all payments and expense reimbursement will be paid to unless specified payment amounts to other bank accounts have been nominated. If this is the case, please complete *Account 2* or please attach a continuing page if you wish for your pay to be split between more than 2 accounts.

Account 1 (Primary A/C)	Account in the name of -				
BSB	-	Account No			
Account 2 (if required)	Account in the name of -				
BSB	-	Account No		Amount \$ or %	

Salary Packaging

Inclusion Melbourne outsource Salary Packing to AccessPay.
 Please ensure you read the salary packaging policy & procedure available on IM's document management system.
 If you are interested in salary packaging, we recommend that employees seek independent financial or taxation advice about salary packaging before commencement of packaging arrangements.
 For further information please read the AccessPay Booklet or contact AccessPay directly to set up your account.

- Phone – 1300 133 697 (8am-6pm ACST Mon-Fri)
- Email – customerservice@accesspay.com.au
- Fax – 1300 361 498
- Website: www.accesspay.com.au

Signed Applicant: Date:

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Part D - Disclosure of Previous Injury

In accordance with the Accident Compensation Act 1985 (Vic) and successor legislation you are required to disclose any or all pre-existing injuries, illnesses or diseases / conditions (pre-existing conditions) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying with Inclusion Melbourne.

Please note that, if you fail to disclose this information or if you provide false and misleading information in relation to this issue, you may not be entitled to any form of workers' compensation.

Please also note that the giving of false information in relation to your application for employment with Inclusion Melbourne may constitute grounds for disciplinary action or dismissal.

Declaration:

I, _____, declare that I have been advised as to the nature of the tasks that I am required to perform and I have been given a copy of the position description.

Are you required to take regular medication which may:

- Affect your ability to perform the inherent requirements of the role? Yes No
- Affect your attendance at work? Yes No

If yes, specify:

Are you aware/do you have any knowledge of any pre-existing medical conditions or injuries?

- No, I do not have any pre-existing medical conditions or injuries that might be affected by the nature of the proposed employment.
- Yes, I have the following pre-existing medical conditions or injuries that might be affected by the nature of the proposed employment.

If Yes, please list details of all pre-existing medical conditions and/or injuries:

If Yes, please provide management strategies and/or medication for existing medical conditions:

If Yes, how might your medical condition and/or injury impact your ability to maintain a duty of care to the people we support? (for client facing roles)

Please give details of any Work Cover claims made in the last five years:

Staff Personal Details

Inclusion Melbourne recognises that we work and live in a community which is culturally and linguistically diverse. Inclusion Melbourne supports, respects and values the diversity of service users, staff and volunteers. We encourage and continue to develop an understanding and informed respect for diversity among service users, staff and volunteers and we will make reasonable provisions for the cultural and religious needs of all stakeholders.

Part E – Safety Screening Disclosure

I

[full name]

declare that I have fully disclosed in writing (if relevant) to **INCLUSION MELBOURNE** all details of:

- any charges laid against me by police concerning any offence committed in Australia or in another country in the past
- any offence of which I have been found guilty, committed in Australia or in another country in the past
- any formal disciplinary action taken against me by any current or former employer
- any finding of improper or unprofessional conduct by me, by any Court or Tribunal of any kind
- any investigations I have been the subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country

and that a copy of my responses (if relevant) to the above issues which I have provided to **INCLUSION MELBOURNE** as part of the recruitment process for a position with **INCLUSION MELBOURNE** is attached hereto.

Secondary Employment

I also declare that I have fully disclosed during the recruitment process details relating to any paid employment with any other disability provider (if relevant). I also agree to inform Inclusion Melbourne throughout the course of my employment if I undertake paid employment with another disability provider.

I confirm that the information above is true and correct in every detail.

Name

Dated this

_____ day of _____

_____ 20 _____

Signature of person making this statement

[To be signed in front of a witness]

Name of Witness and relationship

Signature of Witness

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Part F – Equal Employment Opportunity (EEO) – completion of this section is voluntary

Aboriginal Descent:

Do you identify as being of Aboriginal or Torres Strait Islander background or decent?

- Aboriginal Yes No
- Torres Strait Islander Yes No
- Both Yes No
- Neither nor both Yes No
- Do not wish to disclose Yes No

Citizenship:

- Australian New Zealand Other

First Language	
Country of Origin	
Languages spoken at home	
Cultural Background	

Part G – Consider Disclosure – completion of this section is voluntary

Inclusion Melbourne is committed to being an accessible and inclusive workplace. Any information regarding workplace adjustments or support needs will be used to ensure you have a positive experience during your employment with Inclusion Melbourne.

Reasonable adjustments to the workplace:

Staff with disability, chronic or mental health condition can request reasonable workplace adjustments to enable them to work effectively and participate equally. Please speak to your manager/supervisor and/or HR to discuss your needs. Whether your disability or health condition is of a temporary or permanent nature, it is important that you plan ahead for emergency situations e.g. evacuation or development of a first aid treatment plan. Many medical conditions, e.g. diabetes, allergies, epilepsy, require a specific first aid response in an emergency situation. Knowing how to respond appropriately in these situations allows a First Aid Officer to provide appropriate first aid assistance.

The decision to disclose is entirely voluntary and any information you provide can be withdrawn at any time. Information relating to a medical condition will not be made available or used for any purpose other than the provision of first aid treatment or reasonable adjustment requirements.

Disability:

Disability includes sensory, physical, intellectual, learning or immunological disabilities, physical impairment, mental health or chronic medical condition. Disability may be episodic or intermittent.

Are you a person with a disability? Yes No

Reasonable Adjustment required? Yes No

If 'yes', please contact HR as soon as possible to discuss your reasonable adjustment requirements.

Signed Applicant: _____

Date: _____

Signed Witness: _____

Date: _____