# Employee Details Form

## Suggested steps for completing the employee details form

If you need more information, contact your lawyer or industry adviser

All employment records must contain the following:

* the name of the employer;
* the name of the employee;
* whether employment is full time or part time;
* whether employment is permanent, casual or temporary; and
* the date the employment began
* the ABN of the employer

These records can be kept on an employee details form

### Step 1: Arrange a time with your new employee to complete the employee details form

Give the employee a copy of the form in advance so they know what information you are going to need. Ask them to bring along their:

* Completed tax file number declaration
* Passport and visa (if applicable)
* Superannuation standard choice form
* Copies of any licences and certificates
* Copies of any qualifications and training certificates

### Step 2: Meet with your new employee to complete the employee details form

Meeting face to face with your new employee to discuss and complete the form is a good time to:

* explain the terms and conditions of employment, including giving them a copy of the Fair Work Information Statement and showing them where to find the relevant award (discussion of a hearing test may also be required depending on the award, see below)
* identify any training required
* allow the employee to ask questions, and
* describe your expectations of the position advertised

### Hearing tests (audiometric testing)

A person conducting a business (includes all employers, sole traders, principal contractors, incorporated associations, partnerships, franchises and volunteer organisations that employ people) has obligations under the Work Health & Safety Regulations to manage the risks of hearing loss associated with noise at the workplace, including:

* ensuring that the noise a worker is exposed to at the workplace does not exceed the exposure standard for noise
* providing audiometric testing to a worker who is frequently required to use personal hearing protectors to protect the worker from hearing loss associated with noise that exceeds the exposure standard.

### Managing the risk

To manage risk under the WHS Regulations, you must:

* identify reasonably foreseeable hazards that could give rise to the risk
* eliminate the risk so far as is reasonably practicable
* if you can’t eliminate the risk – minimise the risk so far as is reasonably practicable by implementing control measures, i.e. provide personal protective equipment (PPE)
* maintain or replace hearing protection as necessary
* review, and if necessary revise, risk control measures so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health and safety

Audiometric testing (Occupational Health & Safety Regulations 2007, Part 3.2 – Noise, clause 3.2.11)

*This regulation applies in relation to a worker who is frequently required to use personal protective equipment to protect them from the risk of hearing loss associated with noise that exceeds the exposure standard for noise.*

*The person conducting the business who provides the personal protective equipment as a control measure must provide audiometric testing for the worker within three months of the worker commencing work.*

*Starting the audiometric testing before people are exposed to hazardous noise (such as new starters or those changing jobs) provides a baseline as a reference for future audiometric test results.*

*Regular follow-up tests must be carried out at least every two years. These should be undertaken well into the work shift so that any temporary hearing loss can be picked up.*

## *<insert name of employer>*

### *<insert ABN of employer>*

## Personal details:

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ Tax File Number:

Male / Female Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Position details

Position Title:

Name of award or workplace agreement:

Employment status: Full time / Part time / Temporary / Casual

Hours to be worked each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banking and superannuation details

Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: Acct Number:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of superannuation fund:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer contribution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an Australian citizen? Y / N

If no: Are you a permanent resident? Y / N

Do you have a Working Visa? Expiry date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Any restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Licences and certificates

|  |  |  |  |
| --- | --- | --- | --- |
| **Licence, certificate or qualification** | **Yes** | **No** | **Expiry date** |
| Driver’s licence |  |  |  |
| Forklift licence |  |  |  |
| Welding certificate |  |  |  |
| First aid certificate |  |  |  |
| Chemical user’s certificate |  |  |  |
| Other: |  |  |  |

### Hearing tests

|  |  |
| --- | --- |
| Date of test | Results |
|  |  |
|  |  |
|  |  |

### Qualifications and training

**Training required**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Training organisation** | **Date completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Fair Work Information Statement provided to employee Y / N

Employee/ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_

**Office Use Only**

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Status: |  |  | Pay rate: |  |
|  | Full time |  | Annual | \_\_\_\_\_\_\_\_\_\_\_ |
|  | Part time |  | Monthly | \_\_\_\_\_\_\_\_\_\_\_ |
|  | Casual |  | Hourly rate | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |  |
|  | Date of first pay review: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | |

Termination date: \_\_\_/\_\_\_/\_\_\_ by

Method of termination: consent / notice / summarily