

Personal Details

STRICTLY CONFIDENTIAL. INDEPENDENCE AUSTRALIA IS AN EQUAL OPPORTUNITY EMPLOYER.



New Employee Amendment (existing employee)

Tick box if you have attached documents to support your amendment.

PERSONAL DETAILS

| | |
|------------|--|
| First Name | |
|------------|--|

| | |
|-----------|--|
| Last Name | |
|-----------|--|

Please note: Certified copies of original documents must be forwarded with this form for name changes.

| | |
|-----------------|--|
| Unit/ Apartment | |
|-----------------|--|

| | |
|---------------|--|
| Street Number | |
|---------------|--|

| | |
|-------------|--|
| Street Name | |
|-------------|--|

| | |
|--------|--|
| Suburb | |
|--------|--|

| | |
|-------|--|
| State | |
|-------|--|

| | |
|----------|--|
| Postcode | |
|----------|--|

| | |
|--------------|--|
| Phone (Home) | |
|--------------|--|

| | |
|--------|--|
| Mobile | |
|--------|--|

| | |
|---------------|--|
| Email Address | |
|---------------|--|

| | |
|---|--|
| VIC Portable Long Service Leave Membership Number | |
|---|--|

EMERGENCY CONTACT DETAILS

| | |
|------------|--|
| First Name | |
|------------|--|

| | |
|-----------|--|
| Last Name | |
|-----------|--|

| | |
|--------------|--|
| Relationship | |
|--------------|--|

| | |
|--------|--|
| Mobile | |
|--------|--|

| | |
|--------------|--|
| Phone (Home) | |
|--------------|--|

DIRECT DEPOSIT DETAILS

| | |
|--------------|--|
| Account Name | |
|--------------|--|

| | |
|--------------|--|
| Name of Bank | |
|--------------|--|

| | |
|--------|--|
| Branch | |
|--------|--|

| | |
|---------------------|--|
| Bank Street Address | |
|---------------------|--|

| | |
|--------|--|
| Suburb | |
|--------|--|

| | |
|----------|--|
| Postcode | |
|----------|--|

| | |
|----------|--|
| BSB Code | |
|----------|--|

| | |
|----------------|--|
| Account Number | |
|----------------|--|

By entering your name below, you agree to the details outlined in this document as well as any supporting evidence

| |
|------------------------|
| Please enter your name |
|------------------------|

| |
|-----------------------|
| Please enter the date |
|-----------------------|

| |
|--|
| Signature (This section is to be signed by an office based staff member who has been requested by a SW to change details) |
|--|

| |
|------|
| Date |
|------|

THIS FORM MUST BE FORWARDED TO HUMAN RESOURCES

OFFICE USE ONLY

CS USE

| | |
|-----------------------------|--|
| Updated in relevant systems | |
|-----------------------------|--|

| | |
|------|--|
| Date | |
|------|--|

PAYROLL USE

| | |
|-----------------------------|--|
| Updated in relevant systems | |
|-----------------------------|--|

| | |
|------|--|
| Date | |
|------|--|