



CATHOLIC EDUCATION  
WESTERN AUSTRALIA

## NEW EMPLOYEE DETAILS CATHOLIC EDUCATION OFFICE OF WESTERN AUSTRALIA

### PRIVACY STATEMENT

Catholic schools, the Catholic Education Office and associated Catholic entities ('Catholic Education') collect, uses, stores and discloses personal information provided by you on this form for the primary purpose of your employer providing, managing and regulating human resource services to you. The information may be disclosed to third parties to allow Catholic Education to discharge its legal obligations to government and non-government entities, including but not limited to external auditors and other compliance bodies.

Catholic Education may store personal information in the "cloud" which may mean that it resides on servers which are situated outside Australia. Catholic Education's Privacy Policy sets out how you may seek access to your personal information collected. The Privacy Policy also explains how you may complain about a breach of privacy and how Catholic Education will deal with such a complaint.

If you provide Catholic Education with the personal information of others on this form we encourage you to inform them that you are disclosing that information to Catholic Education and why, that they can access that information if they wish and that Catholic Education does not usually disclose this information to third parties.

**EMPLOYER DETAILS**

NAME Catholic Education Office of Western Australia

LOCATION 50 Ruislip Street, Leederville WA 6007 CONTACT PERSON Tania Lal (HR Assistant)

CODE 8445 PHONE (08) 6380 5238 EMAIL lal.tania@ceo.wa.edu.au

**EMPLOYEE DETAILS**

This form must be lodged at the Catholic Education Office within 28 days of commencement date or automatic insurance cover will not be available.

Employee Code (if known) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Surname \_\_\_\_\_ Previous Surname (if applicable) \_\_\_\_\_ Title \_\_\_\_\_

Christian Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

Residential Address \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if different to above) \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone No \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Are you of Aboriginal or Torres Strait Island decent  Yes  No

What is your citizenship/residence status in Australia? (Tick one only)

Australian Citizen  Permanent resident of Australia

Temporary Visa Holder  Visa Subclass \_\_\_\_\_ Passport Number (if temporary visa holder) \_\_\_\_\_

**If currently or previously employed in the Catholic Education System in Western Australia**

School Name \_\_\_\_\_

Location \_\_\_\_\_ Termination Date \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

1) Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

**ALL STAFF (if applicable)**

Working with Children Card Notice Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

OR Application Number (from receipt) \_\_\_\_\_

TRB Number \_\_\_\_\_ License Class \_\_\_\_\_ Expiry Date \_\_\_\_\_

Financial Expiry Date: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

**ACADEMIC QUALIFICATIONS (Do not abbreviate details)**

1) Qualification \_\_\_\_\_ Major \_\_\_\_\_

Institution \_\_\_\_\_ Country \_\_\_\_\_ Date Completed \_\_\_\_\_

2) Qualification \_\_\_\_\_ Major \_\_\_\_\_

Institution \_\_\_\_\_ Country \_\_\_\_\_ Date Completed \_\_\_\_\_

For additional qualifications please attach a separate sheet.

**CEO OFFICE USE ONLY**

LONG SERVICE LEAVE  
Pro Rata Calendar Days \_\_\_\_\_ Service Date \_\_\_\_\_ Adjustment \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_

**POSITION DETAILS**

Actual Commencement Date \_\_\_\_\_

**(CEO OFFICE USE ONLY)**

End date if applicable \_\_\_\_\_

Position Title \_\_\_\_\_

Position Number \_\_\_\_\_

Directorate \_\_\_\_\_

Team \_\_\_\_\_

Sub-team \_\_\_\_\_

Position Location (which office/school): \_\_\_\_\_

**EMPLOYMENT BASIS**

Acting  Ongoing  Secondment  Temporary  Casual

**SALARY DETAILS**

Classification Code	Level	Step	FTE %	Annual Amount Part time	Annual Amount Full time Equivalent
_____	_____	_____	_____	_____	_____

GL Code \_\_\_\_\_

ALLOWANCES (Title)	Allowance Code	Annual Amount Part time	Annual Amount Full time Equivalent
_____	_____	_____	_____

**LOCATION ALLOWANCE**

Half  Allowance Code \_\_\_\_\_ Full  Allowance Code \_\_\_\_\_ Fortnightly rate \_\_\_\_\_

Motor Vehicle Personal Use deductions (if applicable)  Date to commence deductions \_\_\_\_\_

Purchase Leave  Annual Leave entitlement \_\_\_\_\_

Employer Superannuation percentage \_\_\_\_\_ (if not standard)

**PART TIME STAFF** (Please indicate days and hours to be worked)

Monday Tuesday Wednesday Thursday Friday

Hours: \_\_\_\_\_

**PAYROLL DETAILS**

DEDUCTIONS – Will commence at the start of a pay period			
Tea Money (5011) (Will automatically be deducted during your period of employment)			Fortnightly amount \$ 6.25 (full time rate)
Yes	No	Social Club (5009*)	Fortnightly Amount \$ 5.00
Yes	No	Medical Fund (Please Specify)	Fortnightly amount \$
Yes	No	Selectus Salary Packaging (5022) Please contact Selectus for transfer arrangement	Fortnightly amount \$
Yes	No	Donation Caritas (5040) or St Vincent De Paul (5041)	Fortnightly amount \$
Yes	No	Other (deferred salary etc) please specify	Fortnightly amount \$

NAME OF EMPLOYEE \_\_\_\_\_

<b>TAXATION</b> (Please ensure a <b>Tax File Number Declaration Form</b> has been completed and is enclosed along with this form)	
Tax Free Threshold <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax File No. _____  <b>If a Working Holiday Maker (Visa 417 or 462) please fill out Form 15 in addition to this form</b>
HECS/HELP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an Accumulated Financial Supplement Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional tax _____% or \$_____ (Fortnightly amount)	

<b>BANK/CREDIT UNION/ADF ACCOUNT DETAILS</b> (Card numbers will not be accepted)				
Bank	BSB Number _____ - _____	Account Number	Account Holder Name	Fixed Amount (F/N) \$
Bank	BSB Number _____ - _____	Account Number	Account Holder Name	Fixed Amount (F/N) \$
Bank	BSB Number _____ - _____	Account Number	Account Holder Name	Net Balance

### SUPERANNUATION DETAILS

Under the Superannuation Guarantee (SG) Legislation, your Employer is required to contribute the current SG rate on your behalf

Are you joining or remaining a member of the Australian Catholic Superannuation and Retirement Fund (ACSRF)?

Yes – complete page 4 – Australian Catholic Superannuation and Retirement Fund (ACSRF)

or

No – complete page 5 – Choice of Superannuation Fund form

### EMPLOYEE AND EMPLOYER DECLARATIONS

#### Employee Declaration

I certify that details supplied are true and correct

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

#### HR Personnel Only

#### Employer Declaration – Please tick

I certify that:

- Employee and payroll details are true and correct
- A reference check has been conducted (if applicable)
- TRBWA details have been sighted (if applicable)
- Police clearance sighted, if not TRBWA registered
- WWC card or WWC receipt sighted (if applicable)

Name of Employer Representative: \_\_\_\_\_ Signature of Authorised Employer Representative: \_\_\_\_\_

Position of Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_

TO BE COMPLETED IF JOINING OR REMAINING IN ACSRF

**AUSTRALIAN CATHOLIC SUPERANNUATION & RETIREMENT FUND (ACSRF) APPLICATION**

- Existing ACSRF Member    ACSRF Member No: \_\_\_\_\_  
 New Member

**SECTION 1 – All Employees**

**CONTRIBUTIONS**

**If you are transferring from another Catholic school in WA and are an existing ACSRF member, you will need to re-indicate your chosen contribution rate below.** If you wish to contribute to the Fund on a personal basis by way of a deduction from your salary through a pre-tax (Salary Sacrifice) or post tax basis, please enter the amount of your contribution below

**NB: It is possible to have a combination of both Pre and Post tax contributions.**

Please deduct from my superannuation salary, voluntary contributions of:

\$ \_\_\_\_\_ or \_\_\_\_\_ % per fortnight    Pre-tax (before-tax)

\$ \_\_\_\_\_ or \_\_\_\_\_ % per fortnight    Post-tax (after-tax)

I acknowledge that:

1. All benefits accumulated on a **pre tax** basis or **post tax** basis with the Fund are **preserved** as required under Superannuation law.
2. My Employer can change the conditions of, or cancel this arrangement at any time.
3. I am aware that I can cease this arrangement and/or alter the contribution level with the approval of my Employer.
4. I am aware that conditions apply after age 50 years regarding pre tax and post tax contributions.

**SECTION 2 – FOR ALL EMPLOYEES JOINING OR RETAINING ACSRF MEMBERSHIP**

I hereby apply for membership of the Australian Catholic Superannuation. I have understood and read the Superannuation Plan Product Disclosure Statement.

- I agree to be bound by the provisions of the Trustee Deed including any amendments
- I agree to supply all information the Trustee Deed requires for the management and administration of the Fund
- I have obtained, read and understood the latest Product Disclosure Statement and incorporated information
- I confirm the information on this application is true and correct to the best of my knowledge
- I have read the section of the Product Disclosure Statement on the Fund's Privacy Policy and agree that the Trustee may use my personal information for the purposes described and may retain my Tax File Number on file.

**PRIVACY STATEMENT:** By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using your personal information to manage your superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation. Your personal information may be disclosed to other parties, including the Trustee Board, the Fund's insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit [catholicsuper.com.au](http://catholicsuper.com.au) or phone 1300 658 776

**INSURANCE- PLEASE CONTACT SUPERANNUATION FUND DIRECT**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**HR Personnel Only**

**EMPLOYER'S CERTIFICATE**

- I certify that the details supplied are true and correct.
- Any request on this form for contributions to be deducted from before-tax pay is approved,
- I hereby certify that the above employee was actively engaged in the performance of his/her normal duties or was on leave for a reason other than sickness or injury on the date of joining the Fund.

Name of Employer Representative: \_\_\_\_\_ Signature of Authorised Employer Representative: \_\_\_\_\_

Position of Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_

TO BE COMPLETED IF NOT JOINING OR NOT REMAINING IN ACSRF

## CHOICE OF SUPERANNUATION FUND

### Other than Australian Catholic Superannuation and Retirement Fund (ACSRF)

More information about choice of superannuation fund and tips for comparing funds are available from [www.superchoice.gov.au](http://www.superchoice.gov.au) or by phoning the Australian Taxation Office on **13 28 64**

If this form is not completed the employer superannuation guarantee contributions will be made to the Australian Catholic Superannuation and Retirement Fund (Superannuation product identification number - **SCS0100AU**). The Fund's website is [www.catholicsuper.com.au](http://www.catholicsuper.com.au) and telephone number is **1300 658 776**.

If employer superannuation contributions are made at a level higher than the current SGC rate this will not continue if the employee chooses a fund other than the ACSRF.

#### SUPERANNUATION FUND DETAILS

Name of Fund \_\_\_\_\_ Membership Number \_\_\_\_\_

Address of Fund \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Unique superannuation identifier (USI) \_\_\_\_\_

#### OR (for a self-managed fund)

An Australian Business Number (ABN) \_\_\_\_\_

Electronic Service Address (ESA) \_\_\_\_\_

Bank Account number of fund: BSB \_\_\_\_\_ Account No. \_\_\_\_\_

#### VOLUNTARY CONTRIBUTIONS

**It is possible to have a combination of both Pre and Post tax contributions.**

Please deduct from my superannuation salary, voluntary contributions of:

\$ \_\_\_\_\_ or \_\_\_\_\_ % per fortnight      Pre-tax (before tax)

\$ \_\_\_\_\_ or \_\_\_\_\_ % per fortnight      Post-tax (after tax)

I acknowledge that:

1. All benefits accumulated on a **pre tax** basis or **post tax** basis with the Fund are **preserved** as required under Superannuation law.
2. My Employer can change the conditions of, or cancel this arrangement at any time
3. I am aware that I can cease this arrangement and/or alter the contribution level with the approval of my Employer.
4. I am aware that conditions apply after age 50 years regarding pre tax and post tax contributions.

*The Catholic Education Office (CEO) will store the personal information I provide on this form electronically. I understand that my personal information is being collected by my employer to provide and manage my employment entitlements. For this purpose my personal information may pass between my employer, the CEO and my superannuation fund. I may access my information by contacting the CEO.*

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

#### HR Personnel Only

Name of Employer Representative: \_\_\_\_\_ Signature of Authorised Employer Representative: \_\_\_\_\_

Position of Signatory: \_\_\_\_\_ Date: \_\_\_\_\_