



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') collects, 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 descent ☐ 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 _____

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

BANK/CREDIT UNION/ADF ACCOUNT DETAILS (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 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 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 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: _____