##### To be completed by all new employees.

The information collected to enrol you on our payroll system.

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| **Privacy Notice:** Personal and health information is collected and provided to the relevant payroll unit so that it may carry out its functions and activities, including OH&S, learning and development, workforce reporting and diversity reporting*.* This information is also required to enrol you on our systems. Information is collected and processed in accordance with the *Privacy and Data Protection Act 2014* and *Health Records Act 2001.* The relevant payroll unit may disclose your personal information and health information, as applicable, to outside organisations/bodies that require this information to assist with providing employment services such as taxation, superannuation and salary packaging. You are able to request access to the personal information and health information that we hold about you, and request that it be corrected by contacting the relevant payroll unit. |

**A: Completing the Personal Details Form (please refer to the stated sections in the form)**

Personal details

Personal particulars must be completed in full. Your first given name must be entered as shown on your birth certificate unless you have changed your first name officially. Do not use shortened names.

Your answers to these questions helps the Department plan staff recruitment, retention and development strategies and to meet government statistical reporting requirements. Personal identification details (name, address, work location) are not used for reports.

**Cultural or Linguistic Diversity (CALD)**: individuals from a CALD background are those who identify as having specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, language(s) spoken at home, or because of their parents’ identification on a similar basis.

**Disability:** includes long-term (lasting 6 months or more) physical, mental health, intellectual, neurological or sensory impairments which, in interaction with various attitudinal and environmental barriers, may hinder full and effective participation in society on an equal basis with others.

Voluntary Departure Package

Indicate if you have previously received any form of departure / separation package from a Victorian Public Sector employer within the past 3 years. If such a package has been received, indicate the date received and from which Government Department (Agency) you received it.

Emergency Contacts information

List the contact details of up to two people who could be contacted in an emergency situation.

Declaration

Check the details you have entered on this application to ensure they are accurate and correct, then sign and date the application.

##### B: Evidence of permanent status - if you are not an Australian or New Zealand citizen

Provide a certified copy of the relevant pages from your passport showing a stamp, which confirms your right to permanent residence in Australia. Your name must appear on the copy. If you are a British subject who migrated to Australia prior to 1974, evidence of residence in Australia prior to 1974 is required. New Zealand citizens are regarded as Australian citizens for employment purposes, but evidence of New Zealand citizenship is required. If you are not a permanent resident but have a work permit that allows the type and duration of work for which you are applying, such evidence must be provided.

**This form must be returned to: This form must be returned to the payroll service unit outlined in your offer email**

|  |
| --- |
| **Personal details** |
| Family Name: | Gender [ ]  Man  [ ]  Woman [ ]  Self-described |
| Given Name(s):  | Preferred Name:  | Birthdate \_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| Residential Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_House Number and Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Suburb or Town and State Postcode |
| Postal Address(if different to above) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Office Box /House Number and Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Suburb or Town and State Postcode |
| Contact Details  | Home Phone: | Mobile Phone: |
| If you are not an Australian citizen, please indicate if you: | [ ]  are a permanent resident.[ ]  are a New Zealand citizen.[ ]  have an appropriate work permit. Expiry date of permit \_\_\_ / \_\_\_ / \_\_ | Please provide certified evidence of a passport, citizenship, residency or work permit to dpc.hr@dpc.vic.gov.au |
| As part of the Department's reporting responsibilities, diversity information is required to be collected. Data will be aggregated and individual information will not be distinguishable in reports. This information will not be used for any other purpose. |
| Country of birth\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prefer not to say  | What is your cultural or linguistic diverse background? | [ ]  Prefer not to say  |
| Are you of Aboriginal and/or Torres Strait Islander origin?[ ]  No [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander[ ]  Prefer not to say  | Do you identify as a person with disability? [ ]  Yes [ ]  No [ ]  Prefer not to say Do you require any workplace adjustments? [ ]  Yes [ ]  NoIf you would like to speak to someone to request a workplace adjustment, which relates to your disability, please contact recruitment@dgs.vic.gov.au  |

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| **voluntary departure package** |
| Have you received any form of departure / separation package from a Victorian Public Sector employer within the last three years? | [ ]  No[ ]  Yes | If Yes, date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_Agency responsible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **emergency contacts** |

Relevant payroll unit will use this information in the event of an emergency.

**Contact 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship  |  |
| Address | \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_House Number and Street | \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Suburb or Town and State Postcode |
| Home phone  | Work phone  | Mobile Phone  |

**Contact 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship  |  |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_House Number and Street | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Suburb or Town and State Postcode |
| Home phone  | Work phone  | Mobile Phone  |

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| **declaration (I declare that the information I have provided is true and correct.)** |
| Signature of employee |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |  \_\_\_ / \_\_\_\_ / \_\_\_\_ |