



**CATHOLIC
EDUCATION**
WESTERN AUSTRALIA

NEW EMPLOYEE DETAILS

Casual Relief (Pay Group 8888)

Privacy Statement

Catholic Education Western Australia Ltd (CEWA) collects, uses, stores, and discloses your personal information to administer your employment. CEWA may disclose your personal information to third parties, including the Australian Taxation Office and auditors, to discharge its legal obligations.

More information about how CEWA handles your personal information is in our Privacy Policy and Privacy Collection Notice here: <https://policy.cewa.edu.au/executive-directive/privacy/>

FORM 11: NEW EMPLOYEE DETAILS - PRIVATE AND CONFIDENTIAL

School Details

School Name _____
Location _____ Contact Person _____
Code _____ School Phone _____

Employee Details

Employee Code (if known) _____ Date of Birth _____
Surname _____ Previous Surname (if applicable) _____ Title _____
Given Names _____ Preferred Given Name _____
Residential Address _____ Postcode _____
Postal Address (if different to above) _____ Postcode _____
Home Phone N° _____ Mobile Phone N° _____
Emergency Contact _____ Phone N° _____ Relationship _____
Religious Affiliation _____ Are you of Aboriginal or Torres Strait Islander descent Yes No

IF PREVIOUSLY EMPLOYED IN THE CATHOLIC EDUCATION SYSTEM

School Name _____
Location _____ State _____ Termination Date _____

If transferring from a Catholic school interstate, contact payroll@cewa.edu.au regarding the possibility of a portability transfer of Long Service Leave.

ALL STAFF

Working with Children Card Notice Number _____ Expiry Date _____

OR Application Number (from receipt) _____

TEACHING STAFF ONLY

TRBWA Number _____ Registration Category _____ Expiry Date _____
Financial Expiry Date _____ Date of Issue _____

ACADEMIC QUALIFICATIONS (do not abbreviate details)

Qualification _____ Major _____
Institution _____ Country _____ Date Completed _____
Qualification _____ Major _____
Institution _____ Country _____ Date Completed _____

For additional qualifications please attach a separate sheet.

Position Details

EMPLOYMENT BASIS - Casual

Commencement Date _____
End Date of Contract _____
Position Title _____

NAME OF EMPLOYEE _____

SALARY DETAILS

Classification Code	Level	Step

LOCATION ALLOWANCE

Half Allowance Code _____ Full Allowance Code _____ Fortnightly Rate _____

BANK / CREDIT UNION / CDF ACCOUNT DETAILS (Card numbers will not be accepted)

Bank	BSB Number	Account Number	Account Holder Name

TAXATION

Additional extra tax \$ _____ per fortnight

Please complete Tax File Number declaration form
If a Working Holiday Maker (Visa 417 or 462)
please fill out Form 15 in addition to this form

SUPERANNUATION DETAILS

Are you currently a member of Australian Catholic Superannuation and Retirement Fund (ACSRF) or UniSuper?

YES Member Number: _____ or I am applying to be a member of the CEWA Ltd default Superannuation Fund, **UniSuper**.
 NO **If no, please complete choice of super fund section below, or join UniSuper:**

I have obtained, understood and read the Superannuation Plan Product Disclosure Statement. I agree to be bound by the provisions of the Trustee Deed including any amendments and insurance arrangements. I agree to supply all information the Trustee Deed requires for the management and administration of the Fund. 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. To access your personal information or for a copy of our Privacy Policy, visit www.unisuper.com.au or phone 1800 331 685.

Choice of Superannuation Fund Details*:

Name of Fund _____
Member Number _____
Address of Fund _____
Phone Number _____
Unique Superannuation Identifier (USI) _____

*** Please note, you are not able to select GESB or Weststate Super as your Choice of Superannuation Fund.**

Employee Voluntary Contributions:

Additional Pre-Tax Contribution % _____ per f/n
Additional Post Tax Contribution % _____ per f/n

or for a Self Managed Fund (SMSF):

Name of Fund _____
Australian Business Number _____
Electronic Service Address (ESA) _____
Fund BSB _____ Fund Account No _____

Employee And Employer Declarations

EMPLOYEE DECLARATION

I certify that details supplied are true and correct

Signature of Employee _____ Date _____

EMPLOYER DECLARATION

- I certify that:
- Employee and payroll details are true and correct
 - CEWA check of employment has been conducted (if applicable)
 - A reference check has been conducted (if applicable)
 - TRBWA details have been sighted for teaching staff
 - CRIMTRAC 100pt police clearance sighted for non teaching staff
 - WWC card or WWC receipt sighted for all staff

Signature of Authorised Employer Representative _____

Position of Signatory _____ Date _____

