



**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 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

- All requirements of the **Employment in Schools Executive Directive** Schedule 1 have been followed
- A CEWA Check of Employment Status and Reference Check has been conducted (if applicable)
- TRBWA details have been sighted for teaching staff
- Nationally Coordinated Criminal History Check Screen Clearance Number (SCN) from DoE sighted for non-teaching staff
- WWC card or WWC receipt sighted for all staff

Signature of Authorised Employer Representative _____

Position of Signatory _____ Date _____



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name?

Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 What is your date of birth?

Day / Month / Year

7 On what basis are you paid? (select only one)

Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes No Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes No Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

Date Day / Month / Year

You MUST SIGN here

There are penalties for deliberately making a false or misleading statement.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:

Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT

See next page for:
■ payer obligations
■ lodging online.



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