



CATHOLIC EDUCATION
WESTERN AUSTRALIA

Casual Relief

NEW EMPLOYEE DETAILS

PRIVACY STATEMENT

Catholic schools, the Catholic Education Office and associated Catholic entities ('Catholic Education') collect, use, store and disclose 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.

FORM 11 CASUAL RELIEF NEW HIRE FORM - PRIVATE & CONFIDENTIAL

EMPLOYER DETAILS

SCHOOL NAME _____
LOCATION _____ CONTACT PERSON _____
SCHOOL CODE _____ SCHOOL PHONE _____ SCHOOL_FAX _____

EMPLOYEE DETAILS

Employee Code (if known) _____ Date 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 Islander descent? Yes No

If previously employed in the Catholic Education System in Western Australia

School Name _____
Location _____ Termination Date _____

ALL STAFF

Working with Children Card Notice Number _____ Expiry Date _____
OR Application Number (from receipt) _____

TEACHING STAFF ONLY

TRBWA Licence Number _____ Licence Class _____ Expiry Date _____
Financial Expiry Date _____ Date of issue _____

ALL STAFF

ACADEMIC QUALIFICATIONS (Do not abbreviate details)

Qualification _____ Major _____
Institution _____ Country _____ Date completed _____

Qualification _____ Major _____
Institution _____ Country _____ Date completed _____

Qualification _____ Major _____
Institution _____ Country _____ Date completed _____

For additional qualifications please attach a separate sheet.

NAME OF EMPLOYEE _____

POSITION DETAILS

Commencement Date _____

Position Title _____

SALARY DETAILS

Classification Code _____ Level _____ Step _____

Location Allowance

Half Allowance Code _____ Full Allowance Code _____ Fortnightly Amount \$ _____

PAYROLL DETAILS - Payroll Schools only

TAXATION (Please ensure a **Tax File Number Declaration Form** has been completed and is enclosed along with this form.)

Tax Free Threshold Yes No

HECS/HELP Yes No

Do you have an Accumulated Financial Supplement Debt? Yes No

Tax File No. ____/____/____

**If a Working Holiday Maker (Visa 417 or 462)
please fill out Form 15 in addition to this form**

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

Bank	BSB	Account Number	Account Holder Name

SUPERANNUATION DETAILS

Under the Superannuation Guarantee (SG) Legislation, your Employer is required to contribute the current SG rate on your behalf if your gross monthly earnings are at least \$450.00.

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 _____

Employer Declaration – Please tick

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 _____

Name and Position of Signatory _____ Date _____

NAME OF EMPLOYEE _____ Employee Code _____



TO BE COMPLETED IF JOINING OR REMAINING IN ACSRF

AUSTRALIAN CATHOLIC SUPERANNUATION & RETIREMENT FUND (ACSRF) APPLICATION

Existing ACSRF Member ACSRF Member No: _____

New Member Date joining ACSRF (if transferring from another fund) _____

I am applying to be a member of 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

INSURANCE- PLEASE CONTACT SUPERANNUATION FUND DIRECT

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.

Signature of Employee _____ Date _____

EMPLOYER'S CERTIFICATE

- I certify that the details supplied are true and correct.
- I hereby certify that the above employee was actively engaged in the performance of his/her normal duties on the date of joining he Fund.

Signature of Authorised Employer Representative _____ Date _____

Position of signatory: _____ Date _____

NAME OF EMPLOYEE _____ Employee Code _____

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. _____

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 _____

Signature of Authorised Employer Representative _____ Date _____

Position of Signatory: _____ Date _____