

STAFF/SUPPORTED EMPLOYEE INFORMATION

Surname _____ Given Names _____

Address _____ Town _____ Postcode _____

Phone _____ Date of birth __/__/____ Gender F M (circle)

Relevant Employment Qualifications (eg. Cert IV in Disability) _____

Next of Kin _____ Phone _____

Address _____ Town _____ Postcode _____

Medical Emergency Information (allergies, etc.) _____

Payslip to be Emailed / Printed (please circle) Email address _____

APPLICATION TO PAY NET SALARY DIRECT TO BANK

I hereby authorise Intertwine to pay my salary into my bank account as listed below

Account Name _____

BSB ____ - ____ Account Number _____

An account deposit slip may be provided to ensure correct details are provided

SUPERANNUATION

Superannuation will be paid into the funds as listed in your award

- Disability Services Vic (Part 1) Collective Agreement –**Health Super or HESTA** – default Health Super
 - I have a Health Super / HESTA Fund, I will complete a Super Standard Choice form
 - I want Intertwine to set up a Health Super account for me
- Supported Employment Services Award – **own choice of fund** – default fund AustralianSuper
 - I have a Super fund that I want my contributions paid into, I will complete a Super Standard Choice form
 - I want Intertwine to set up an AustralianSuper Superannuation account for me.

DRIVER'S DECLARATION

If/when I drive an Intertwine vehicle I declare that I

- will not have any drugs or alcohol present in my blood or breath immediately before or while driving
- I will pay for any tolls or fines I may receive
- I will hold a current drivers licence appropriate to the type of vehicle driven
- I will inform Intertwine of any damage I may cause to the vehicle
- I will inform Intertwine of any driving convictions or accidents that I have that could affect Intertwine's ability to insure me as a driver.

I certify that to the best of my knowledge all information I've supplied on this form is a true statement

Signature _____ Date __/__/20__