



# Commencement details - employee

Privacy notice: Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law. For information about how the health agency protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au)

 Use this form to supply Queensland Health, details of your address, alternative contact/s, educational and registration details and financial institution account details where Queensland Health disbursements will be made and to provide information about your previous employment for the purpose of salary and/or leave recognition.

 It is your responsibility to notify the department as soon as possible should any of your personal or contact details change via a [personal details change form](#).

## Position details

Position ID	Position title	Vacancy reference number (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Employee details

Title	Family name	First name/s	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous name (if applicable)	Preferred name (if applicable)	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	


## Address details

Home address	Address			Suburb	
	<input type="text"/>			<input type="text"/>	
	Postcode	State	Country (if other than Australia)	Area code	Home telephone number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email address (required for Streamline)			Mobile phone number (required for Streamline)	
	<input type="text"/>			<input type="text"/>	
Postal address (if different to above)	Address			Suburb	
	<input type="text"/>			<input type="text"/>	
	Postcode	State	Country (if other than Australia)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		


## Alternative contact details

 The alternative contact information will be used only for emergency and work-related purposes i.e. in the event of an accident in the workplace, the staff member is ill, has suffered some other misfortune, or to locate and contact a current or former employee on a work-related matter.

Primary alternative contact	Contact name			Relationship (e.g. spouse, mother, etc.)	
	<input type="text"/>			<input type="text"/>	
	Address			Suburb	
	<input type="text"/>			<input type="text"/>	
	Postcode	State	Country (if other than Australia)		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
	Area code	Work telephone number	Area code	Home telephone number	Mobile telephone number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary alternative contact	Contact name			Relationship (e.g. spouse, mother, etc.)	
	<input type="text"/>			<input type="text"/>	
	Address			Suburb	
	<input type="text"/>			<input type="text"/>	
	Postcode	State	Country (if other than Australia)		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
	Area code	Work telephone number	Area code	Home telephone number	Mobile telephone number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 You should notify the individual(s) you have named as your alternative contact(s) that you have provided us with this information and we will hold this information on file for the retention period. It is your responsibility to promptly inform us of any updates or changes to alternative contacts.

## Banking details

 The main bank account is where the balance of pay is distributed, after any specific redirections (i.e. fixed amounts to a nominated second bank account) have been made. For example, if a fixed amount of \$250 has been nominated for distribution to a secondary account (see below) each fortnight, any remaining fortnightly net payments owing to you are disbursed to your main bank account. ATM and credit card numbers cannot be accepted as valid account numbers.

Main bank account details (for net pay)	Financial institution	Branch name
	<input type="text"/>	<input type="text"/>
	Bank/state/branch (BSB) number	Account number (maximum 9 characters)
	<input type="text"/>	<input type="text"/>
	Account name (eg. AM & SG Jones)	<input type="text"/>
	<input type="text"/>	
Second bank account details (fixed amount per fortnight)	Financial institution	Branch name
	<input type="text"/>	<input type="text"/>
	Bank/state/branch (BSB) number	Account number (maximum 9 characters)
	<input type="text"/>	<input type="text"/>
	Account name (eg. AM & SG Jones)	<input type="text"/>
	<input type="text"/>	
\$ <input type="text"/>	<input type="text"/>	

## Voluntary Early Retirement/Voluntary Separation Package/Voluntary Redundancy/Retrenchment Statement

I have received either a Voluntary Early Retirement (VER), a Voluntary Separation Package (VSP), Voluntary Redundancy (VR), Voluntary Medical Retirement (VMR)\* or Retrenchment Package from a Government employer.

Not Applicable     Yes - please provide details below

VR     VER     VSP     Retrenchment     VMR\* - please attach a medical clearance in accordance with directive 9/14 Voluntary Medical Retirement

Agency Name

Date of Separation

## Previous Government Employment

Are you transferring from another Queensland Health Facility or a State or Federal Government Department?

No     Yes - please provide details below

Were you a member of:

Q Super Defined Benefits     Q Super Accumulation     Q Super State Plan

Do you want to transfer leave balances or apply for an advancement of level?

No     Yes - attach a statement of service from your previous employer

## Employee certification

I certify that the information on this form is true and correct. I acknowledge that the provision of false information to any question on this form may result in the termination of my appointment.

I authorise the employer to access the details of my work rights status (that is, my entitlement to work legally in Australia) held on the Australian Government Department of Home Affairs. I further understand that the employer will use this information for the purpose of establishing my legal entitlement to work in Australia, and for no other purpose. I also understand that I allow release of my work rights for the duration of my employment with Queensland Health.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past health employer entities within Queensland Health, unless otherwise specifically advised.

### Disclosure of personal information:

I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, in accordance with Part 3 of the *Public Service Regulation 2008*, in the event of my transfer/movement to that other health or government agency.

I consent to my current employer disclosing my criminal history information, if any, to another health or government agency, in the event of my transfer/movement to that other health or government agency.

On commencement of duty, your name, position title, workplace location and work email address will be provided to a relevant union for the purpose of providing the union with the opportunity to discuss with you the benefits of union membership. During your employment, your details may also be provided to a relevant union in accordance with provisions contained within Queensland Health's industrial instruments.

Employee Signature

Date: