



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 \_\_\_\_\_

**PAYROLL DETAILS - payroll schools only**

<b>TAXATION</b> (Please ensure a <b>Tax File Number Declaration Form</b> has been completed and is enclosed along with this form.)			
Tax Free Threshold	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax File No. ____/____/____  <b>If a Working Holiday Maker (Visa 417 or 462) please fill out Form 15 in addition to this form</b>
HECS/HELP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an Accumulated Financial Supplement Debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>BANK/CREDIT UNION/CDF ACCOUNT DETAILS</b> (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](http://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](http://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](http://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 \_\_\_\_\_