

STAFF MEMBER DETAILS

Use this form for new Continuing and Fixed Term Staff



Section A: PERSONAL DETAILS (to be completed by staff member)

Have you previously been employed by Deakin University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Staff ID (if known)	
First Name		Surname	
Preferred Name		Title	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Home Address		Suburb	
State		Country (if not Australia)	Postcode
Telephone		Mobile	Email
Please complete if you have a different mailing address			
Mailing Address		Suburb	
State		Country (if not Australia)	Postcode
Do you have Australian Citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – please provide a copy of your Australian birth certificate, certificate of Australian citizenship or Australian or New Zealand passport. Please go to Section B If No – complete details	
What is your Citizenship?		Do you have the right to work in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport No.		Place of Issue	
What is your Residency Status?	<input type="checkbox"/> Permanent <input type="checkbox"/> Student <input type="checkbox"/> Temporary	A certified copy of your original visa must be attached to this form.	

Section B: EQUITY & DIVERSITY DETAILS (to be completed by staff member)

Did you identify as	<input type="checkbox"/> Aboriginal origin <input type="checkbox"/> Torres Strait Islander origin <input type="checkbox"/> Neither				
Do you have an ongoing disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please indicate main area of impairment	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health	<input type="checkbox"/> Learning <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Medical	<input type="checkbox"/> Other (please state)
In which country were you born?		Do you speak a language other than English at your permanent home address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please state language	

Section C: EMERGENCY CONTACT DETAILS (emergency contact to be advised by the staff member of their nomination)

Contact 1	Title	First Name	Surname
Relationship	Home Phone	Business Phone	Mobile Phone
Contact 2	Title	First Name	Surname
Relationship	Home Phone	Business Phone	Mobile Phone

Section D: BANKING DETAILS (to be completed by staff member)

I hereby authorise the University to pay my net salary directly into the following account

Name of Financial Institution	Branch
Account Name	BSB Number (must be 6 digits)
Account Number (must be no more than nine digits)	

Section E: QUALIFICATIONS DETAILS (to be completed by staff member)

Do you hold any Deakin University academic qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, you may choose to have your Deakin University qualifications verified by ticking the statement and signing below.
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I authorise a University nominee to verify my Deakin University qualifications, listed in the table below, by accessing my student academic records.

Staff Member Name		Signature		Date	
<p>All staff (including those who elected to have their Deakin University qualifications internally verified) must complete the following table supplying full details of all qualifications held including institution names and appropriate abbreviations. If the name on any of your qualifications differs from your current name, you must provide documentary evidence of the name change, e.g. Marriage certificate.</p> <p>You must supply an original testamur or academic transcript of your highest qualification for sighting and certification by an authorised University nominee within 14 days of commencement with the University. It is the University's preference that evidence of all qualifications listed below is supplied. Please note that only qualifications that have been certified by an authorised University nominee will be published in University or other publications. Failure to provide evidence of your highest qualification may render you ineligible for employment with Deakin University. For further qualifications information go to http://www.deakin.edu.au/hr/wa/quals.php</p>					
Qualification name in full <i>e.g. Bachelor of Business</i>		Level/Conferred with Hon <i>e.g. Bachelor with Honours</i>			
Coursework or research M/PhD only		Abbreviation <i>e.g. BBus</i>		Date Conferred	
Institution		Country		Highest qual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualification name in full <i>e.g. Bachelor of Business</i>		Level/Conferred with Hon <i>e.g. Bachelor with Honours</i>			
Coursework or research M/PhD only		Abbreviation <i>e.g. BBus</i>		Date Conferred	
Institution		Country		Highest qual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualification name in full <i>e.g. Bachelor of Business</i>		Level/Conferred with Hon <i>e.g. Bachelor with Honours</i>			
Coursework or research M/PhD only		Abbreviation <i>e.g. BBus</i>		Date Conferred	
Institution		Country		Highest qual	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliation	Name (including membership level and organisation)	Abbreviation (as you would record in Handbooks/Business Card)			

DISCLOSURE STATEMENT (to be completed by staff member)

I warrant that I have not been charged with nor found guilty of any criminal offence which is relevant to my ability to perform the inherent requirements of the position to which I have been appointed, nor have I engaged in, nor to my knowledge have I been investigated for, any other behaviour that would be incompatible with the position or which may adversely affect Deakin University's reputation if subsequently disclosed.

I declare that I do not have any actual, potential or perceived conflict of interest in accepting this position. I understand that Deakin may undertake periodic audits of staff qualifications and I grant approval to Deakin University to verify my academic documentation with the relevant institutions.

I declare that to the best of my knowledge that the information I have supplied and the supporting documentation is correct and complete. I will provide original documentation as required and acknowledge that the provision of incorrect information or the withholding of relevant information may result in the withdrawal of the offer of employment or future disciplinary action.

If a non-resident of Australia, I am complying with my VISA work restrictions.

- I agree with the above statements
 I disagree with the above statements

Staff Member Name		Signature		Date	
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Privacy: The personal information collected on this form will become a part of your employment record. The University manages personal information in accordance with the Information Privacy Act 2000. You may gain access to your personal information held by the University. Requests for access are managed under the Freedom of Information Act 1982. To view

the University's Information Privacy Policy go to <http://theguide.deakin.edu.au> or contact the Privacy Officer at privacy@deakin.edu.au