



EMPLOYEE DETAILS

EMPLOYEE CODE:..... DOB:

START DATE:..... COMPLETION DATE:

SURNAME: GIVEN NAMES:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:..... MOBILE/OTHER:.....

MARITAL STATUS: MALE/FEMALE:.....

NEXT OF KIN: NEXT OF KIN PH:

TAX FILE NUMBER:..... SUPER FUND:.....

APPRENTICE: TRAINEE:

TRADE/TRAINEESHIP:.....

WORKCOVER INDUSTRY CLASSIFICATION, (WIC) CODE:.....

APPRENTICE YEAR:

AWARD:.....

HOST EMPLOYER:

CONTACT DETAILS:.....

YEAR LEFT SCHOOL: YEAR REACHED:

WAGE RATE:..... LEVEL (Trainees): CHARGE OUT:

HOURS PER WEEK: 40+RDO 38 9day/fngt
Other Please specify:

COSTING NAME:

Fares: Yes No

SPECIAL ACTIONS, CONDITIONS OR PAYMENTS:
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