



Employee Details Form

This form must be completed by:

- All persons commencing employment (new employees); and
- All employees notifying of change in personal information during employment.

NB: It is a condition of employment that employees notify the employer of any changes to information.

Personal Contact Information

| | |
|---|------------------------|
| Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> | |
| Family Name: | |
| Given Name(s): | |
| Preferred Name: | |
| Residential Address: | |
| Suburb/Town: | Postcode: |
| Mobile Telephone Number: | Home Telephone Number: |
| Email Address: | |
| Date of Birth: / / | Gender: |

Emergency Contact Information

| | |
|------------------------------|------------------------|
| Primary Contact (Full) Name: | |
| Relationship: | |
| Mobile Telephone Number: | Home Telephone Number: |
| Residential Address: | |
| Suburb/Town: | Postcode: |



| | |
|---------------------------------------|------------------------|
| | |
| Language Spoken: | |
| Secondary Contact (Full) Name: | |
| Relationship: | |
| Mobile Telephone Number: | Home Telephone Number: |
| Language Spoken: | |

Bank Details

| | |
|-----------------|-------------|
| Account Name: | |
| Bank Name: | |
| Account Number: | BSB Number: |

Industry Funds

| |
|---|
| Registered with Incolink: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: |
| Registered with Co-Invest/BERT: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: |

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|---------------------------------|---|
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