**SECTION 1 | To be completed by ALL personnel including work experience, work trial and volunteers**

|  |
| --- |
| **Personal Information** |
| Full Name |  |
| Address |  | Suburb |  | Post Code |  |
| Home Phone |  | Mobile Phone |  |
| E-mail Address |  | Date of birth |  |
| Tax File Number |  |
| **Emergency Contact Information** |
| **Emergency Contact 1** | **Emergency Contact 2** |
| Full Name |  | Full Name |  |
| Relationship |  | Relationship |  |
| Address |  | Address |  |
| Suburb & Post Code |  | Suburb & Post Code |  |
| Contact Phone |  | Contact Phone |  |
| **Medical Information** |
| Medicare Card Number |  | Blood Type |  |
| Do you have any known allergies? Please tick ALL appropriate |[ ]  Bees/Wasps |[ ]  Latex sensitivity |
|  |[ ]  Nuts |[ ]  No known allergies |
|  |[ ]  Herbicide sensitivity |[ ]  Other, please specify: |
| Do you carry an EpiPen for your allergies? |[ ]  Yes | What is the expiry date on your EpiPen: |
|  |[ ]  No |  |
| Do you have asthma? | [ ]  | Yes | Do you carry an inhaler? |[ ]  Yes |
|  | [ ]  | No |  |[ ]  No |
| Have you made a worker’s compensation claim in the past? | [ ]  | Yes | If Yes, please provide details: |
|  | [ ]  | No |  |
| Are you colour-blind? | [ ]  | Yes | Do you require glasses for driving? | [ ]  | Yes |
|  | [ ]  | No |  | [ ]  | No |

|  |
| --- |
| **Licences & Certifications** |
|   | **Date Obtained** | **Expiry Date** | **Licence #** |
| **Driver’s Licence** |  |  |  |
| **White Card** |  |  |  |
| **First Aid Certificate** |  |  |  |
| **Police Clearance** |  |  |  |
| **Pesticide Licence** |  |  |  |
| **Chainsaw Operation** |  |  |  |
| **Others, please list** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 2 | To be completed by personnel undertaking PAID WORK**

|  |  |
| --- | --- |
| **Direct Credit Authorisation** | **Superannuation Details** |
| Employee Name |  | Employee Name |  |
| Account Name |  | Account Name |  |
| BSB |  | Fund Name |  |
| Account Number |  | Membership Number |  |
| Branch |  | Fund ABN |  |
|  |  | SPIN of Super Fund |  |

# Declaration

I have attached:

* a letter or documentation from the trustee stating that this is a complying fund and (for self managed superannuation fund) a copy of documentation from the Tax Office confirming the fund is regulated.
* written evidence from the fund they will accept contributions from my employer (NAH).

Your Super will be paid via MYOB M-Powered Services. NAH is not responsible for incorrect or incomplete information, please take care when completing.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |