



Employee Details Form

First Name: _____ Last Name: _____

Start Date: ____/____/____ Tax File Num:

Position Title: _____

Preferred Pronouns: _____ Date of Birth: ____/____/____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Bank: Name: _____ Branch: _____

Account Name: _____

BSB: - Account Number:

Superannuation Fund Name & Membership Number: _____

Are you an Australian citizen? Y / N

If no,

- Are you a permanent resident? Y / N
- Do you have a Working Visa? Expiry date: ____/____/____
- Any restrictions: _____

Emergency Contact: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Year NAATI qualified: _____ Level of Qualification: _____ NAATI Number: _____

Working with Children Check? Y/N _____ WWC Number: _____

I also agree whilst working for Echo Interpreting to maintain professional standards and adhere to the ASLIA Code of Ethics at all times.

Employee's Signature: _____ Date: ____/____/____