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|  | **EMPLOYEE DETAILS FORM** |  |
| **Step 1 Arrange a time with your new KEY MESSAGES****employee to complete the employee** **details form** All employment records must contain the following:Give the employee a copy of the form in advance so they • the name of the employer;know what information you are going to need. Ask them • the name of the employee;to bring along their: • whether employment is full time or part time;* Completed tax file number declaration • whether employment is permanent, casual or
* Passport and visa (if applicable) temporary; and
* Superannuation standard choice form • the date the employment began
* Copies of any licences and certificates • the ABN of the employer
* Copies of any qualifications and training certificates. These records can be kept on an employee

**Step 2 Meet with your new employee to** details form.**complete the employee details form**This contract caters for both **full-time and permanent Hearing tests (audiometric testing)**employees - fill in the detail, where indicated in red. A person conducting a business (includes all employers,There is a separate contract for **casual workers** sole traders, principal contractors incorporated(the next document in your ESKi folder) available at: associations, partnerships, franchises and volunteer **thepeopleindairy.org.au/employment-rewards/** organisations that employ people) has obligations under **contracts-and-agreements** the Work Health and Safety Regulations to managethe risks of hearing loss associated with noise at the**Step 3 Attach the position description** workplace, including:Meeting face to face with your new employee to • ensuring that the noise a worker is exposed to at the complete the form and talk about the detail required is a workplace does not exceed the exposure standard good time to: for noise (refer to **thepeopleindairy.org/farmsafety** for* explain the terms and conditions of employment, more information).

including giving them a copy of the Fair Work • providing audiometric testing to a worker who is Information Statement and pointing out where to find frequently required to use personal hearing protectors the Pastoral Award 2020. This may require discussion of to protect the worker from hearing loss associated with a hearing test (see below) noise that exceeds the exposure standard.* identify any training required
* allow the employee to ask questions, and
* describe your expectations for job
 |

Audiometric testing (Occupational Health and Safety Regulations 2007, Part 3.2 – Noise, clause 3.2.11)

The content of this publication including any statements regarding future matters (such as the performance of the dairy industry or initiatives Dairy Australia Limited ABN 60 105 227 987 2

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of Dairy Australia) is based on information available to Dairy Australia at the time of preparation. Dairy Australia does not guarantee that **E** enquiries@dairyaustralia.com.au 2

* This regulation applies in relation to a worker who is frequently required to use personal protective equipment to protect them from the risk of hearing

loss associated with noise that exceeds the exposure standard for noise.

* The person conducting the business who provides the personal protective equipment as a control measure must provide audiometric testing for the worker within three months of the worker commencing work.

Starting the audiometric testing before people are exposed to hazardous noise (such as new starters or those changing jobs) provides a baseline as a reference for future audiometric test results.

Regular follow-up tests must be carried out at least every two years. These should be undertaken well into the work shift so that any temporary hearing loss can be picked up.

Managing the risk

To manage risk under the WHS Regulations, you must:

* identify reasonably foreseeable hazards that could give rise to the risk eliminate the risk so far as is reasonably practicable
* if you can’t eliminate the risk – minimise the risk so far as is reasonably practicable by implementing control measures, i.e. provide personal protective equipment
* maintain or replace hearing protection as necessary
* review, and if necessary revise, risk control measures so as to maintain, so far as is
* reasonably practicable, a work environment that is without risks to health and safety

**FOR FURTHER INFORMATION**

Call your dairy adviser or visit

**thepeopleindairy.org.au/eski**

**Employee Details Form**

<insert name of employer>

<insert ABN of employer>

### Personal details

First Name: Start Date: / /

Last Name: Tax File Number:

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Male / Female Date of Birth: / /

Address:

Suburb:

State:

Postcode:

Home Phone: Mobile:

Email address:

Next of Kin: Relationship: Address:

Suburb:

State:

Postcode:

Home Phone: Mobile:

### Position details

Position Title: Name of award or workplace agreement: Employment status: Full time / Part time / Temporary / Casual

Hours to be worked each week:

### Banking and superannuation details

Bank: Account Name:

Branch:

BSB: Acct Number:

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Name of superannuation fund: Member number:

Employer contribution:

**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?

# Employee Details Form

### Licences and certificates

|  |  |  |  |
| --- | --- | --- | --- |
| **Licence, certificate or qualification** | **Yes** | **No** | **Expiry date** |
| Driver’s licence |  |  |  |
| Forklift licence |  |  |  |
| Welding certificate |  |  |  |
| First aid certificate |  |  |  |
| Chemical user’s certificate |  |  |  |
| Other:  |  |  |  |

**Hearing tests**

|  |  |
| --- | --- |
| **Date of test** | **Results** |
|  |  |
|  |  |
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### Qualifications and training Training required

1.

2.

3.

4.


# Employee Details Form

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Training organisation** | **Date completed** |
|  |  |  |
|  |  |  |
|  |  |  |

Fair Work Information Statement provided to employee Y / N

Employee/ Signature: Date: / /

Manager’s Signature: \_ Date: / /

## Employee details form:

**Office Use Only**

**Office Use Only Employee:**

Status: Pay rate:

Full time Annual \_\_\_\_\_\_\_\_\_\_\_

Part time Monthly \_\_\_\_\_\_\_\_\_\_\_

Casual Hourly rate \_\_\_\_\_\_\_\_\_\_\_

Date of first pay review: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Termination date: \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of termination: consent / notice / summarily

**Employee Details**

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**Date**

## Contract: Signed copy received

*Must be within 14 days of form being signed*

TFN Lodged

## Employment Status Permanent FT Permanent PT Casual Classification of employment FLH Pay rate / hour $

Pay Period Wage $ Weekly/Monthly

## Payroll details entered Zoom/MYOB/Accounts

Super form/details submitted (TFN)

*Visa confirmation*

*Passport sighted/copy Number*

## Immediate Supervisor Annual pay review due

Termination Date: By:

## Method of Termination: Consent Notice Summarily