EMPLOYEE DETAILS FORM

Step 1 Arrange a time with your new employee to complete the employee details form
Give the employee a copy of the form in advance so they know what information you are going to need. Ask them to bring along their:
- Completed tax file number declaration
- Passport and visa (if applicable)
- Superannuation standard choice form
- Copies of any licences and certificates
- Copies of any qualifications and training certificates.

Step 2 Meet with your new employee to complete the employee details form
This contract caters for both full-time and permanent employees – fill in the detail, where indicated in red. There is a separate contract for casual workers (the next document in your ESKi folder) available at: thepeopleindairy.org.au/engagement-reward/contracts-and-agreements.htm

Step 3 Attach the position description
Meeting face to face with your new employee to complete the form and talk about the detail required is a good time to:
- explain the terms and conditions of employment, including giving them a copy of the Fair Work Information Statement and pointing out where to find the Pastoral Award 2010. This may require discussion of a hearing test (see below)
- identify any training required
- allow the employee to ask questions, and
- describe your expectations for job

KEY MESSAGES
All employment records must contain the following:
- the name of the employer;
- the name of the employee;
- whether employment is full time or part time;
- whether employment is permanent, casual or temporary; and
- the date the employment began
- the ABN of the employer
These records can be kept on an employee details form.

Hearing tests (audiometric testing)
A person conducting a business (includes all employers, sole traders, principal contractors incorporated associations, partnerships, franchises and volunteer organisations that employ people) has obligations under the Work Health and Safety Regulations to manage the risks of hearing loss associated with noise at the workplace, including:
- ensuring that the noise a worker is exposed to at the workplace does not exceed the exposure standard for noise (refer to thepeopleindairy.org/farmsafety for more information).
- providing audiometric testing to a worker who is frequently required to use personal hearing protectors to protect the worker from hearing loss associated with noise that exceeds the exposure standard.
Managing the risk

To manage risk under the WHS Regulations, you must:

- identify reasonably foreseeable hazards that could give rise to the risk and 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

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

- 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.

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: ______________________________  Last Name: ________________________
Start Date: ___/___/___  Tax File Number: [redacted]
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:  __________________________________  Branch:  ___________________________
Account Name:  _____________________________
BSB: [redacted]  Acct Number:  _____________________________
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

<table>
<thead>
<tr>
<th>Licence, certificate or qualification</th>
<th>Yes</th>
<th>No</th>
<th>Expiry date</th>
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<tbody>
<tr>
<td>Driver’s licence</td>
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<tr>
<td>Forklift licence</td>
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<td>Welding certificate</td>
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<td>First aid certificate</td>
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<td>Chemical user’s certificate</td>
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<td>Other: _____________________________</td>
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Hearing tests

<table>
<thead>
<tr>
<th>Date of test</th>
<th>Results</th>
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Qualifications and training

Training required

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________
## Employee Details Form

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Training organisation</th>
<th>Date completed</th>
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<tbody>
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Fair Work Information Statement provided to employee ____________ Y / N

Employee/ Signature: ________________________ Date: _____ / _____ / ____

Manager’s Signature: ________________________ Date: _____ / _____ / ____

### Office Use Only

**Employee:**

- **Status:**
  - [ ] Full time
  - [ ] Part time
  - [ ] Casual

- **Pay rate:**
  - [ ] Annual
  - [ ] Monthly
  - [ ] Hourly rate

- **Date of first pay review:** _______/_______/_______

**Termination date:** _____/_____/______ by ____________________________

**Method of termination:** consent / notice / summarily