



Your Forms

PERSONAL DETAILS

PART A: PERSONAL DETAILS

SURNAME..... PREVIOUS NAME.....

GIVEN NAMES.....

DATE OF BIRTH COUNTRY OF BIRTH.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE

MOBILE

EMAIL

.....

.....

.....

PART B: EMERGENCY CONTACT

RELATIONSHIP (MOTHER/FATHER/PARTNER ETC).....

SURNAME..... GIVEN NAMES.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE

MOBILE

EMAIL

.....

.....

.....

AUTHORITY TO PAY

Bank, Building Society or Credit Union

FULL NAME: _____

TAX FILE NO: _____

LOCATION: _____

I hereby authorise the Legal Aid NSW to remit:

- a. My fortnightly salary; and
- b. Any other payments due to me;

into the following financial institution:

Name: (e.g. Commonwealth Bank / SGE Credit Union)

If it is a bank, please specify whether it is a:

Trading or Savings Bank (tick whichever is the appropriate)

Branch / Location: _____

Account Name: _____

Branch Number (BSB Number): _____

Account Number: _____

Type of Account (ie Keycard, Everyday Savings Account etc)

All amounts remitted on my behalf pursuant to this authority shall be deemed to be payments to me personally.

This authority is to continue until such time as it is withdrawn by me in writing.

Signature: _____ Date: / / 20

HEALTH DECLARATION FORM

The following information will be treated in strictest confidence and is required to assist Legal Aid NSW in providing a safe and healthy work environment for their employees and so by using risk management principles, determine if a pre-placement health assessment is necessary prior to your entry on duty in the position.

Name:	
Address:	
Position:	

Duties of the Position:

I have read the inherent job requirements and job demands for the position, which are set out in the statement of duties/position description and the advertisement and these requirements have been explained to me at interview.

I declare that (Please tick the appropriate statement(s) below):

- I am not aware of any health condition, which might interfere with my ability to perform the inherent job requirements and job demands of this position.
- I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.
- I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.
- I no longer wish to be considered for this position.
- I am aware that any false or misleading statements may threaten my appointment or continued employment.

Signature:

Date:

Equal Employment Opportunity (EEO) Data Collection

Completion of this form is voluntary. We ask for your co-operation. All information provided will be held in confidence and will only be used for the EEO Annual Report and Workforce Profiling.

NAME:

SERIAL NUMBER (if known):

Q1. Are you female or male?

- Female
 Male

Q2. Are you Aboriginal or Torres Strait Islander?

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Island Decent, who identifies as such and is accepted as such by the community in which he or she lives. If you are both Aboriginal and Torres Strait Islander, please mark both "Yes" boxes.

- Yes, Aboriginal → Please go to Question 5
 Yes, Torres Strait Islander → Please go to Question 5
 No

Q3. Are you from a racial, ethnic or ethno-religious group which is a minority in Australian society?

You should answer "yes" to this question if you are a minority because of any of the following:

- your language background or accent
- your religion or culture
- your ethnic or racial appearance
- your country of birth or descent

- Yes
 No

Q4. What language did you first speak as a child?

- English
 Other language

Q5. Are you a person with a disability?

You should answer “yes” to this question if you have any one or more of the following limitations or restrictions listed below:

- a long term medical condition or ailment
- speech difficulties in your native language
- disfigurement or deformity
- a psychiatric condition
- head injury, stroke or any other brain damage
- loss of sight or hearing
- incomplete use of any part of your body
- blackouts, fits or loss of consciousness
- restriction in physical activities or in physical work
- slowness at learning or understanding
- any other condition resulting in a restriction

Yes

No

If “no”, you do not need to answer any more questions. Thank you.

If yes, do you require adjustments to be made at work?

You should answer “yes” to this question if your disability would make it necessary to change any of the following:

- the tasks of the job
- the workplace or work area
- how others behave towards you at work
- the equipment you use
- your working hours

Yes

No

Q6. What is your highest education level?

- Withdrawn
- Doctorate Degree
- Master Degree
- Graduate Diploma or Graduate Certificate
- Bachelor Degree
- Advanced Diploma or Associate Degree
- Certificate
- HSC or equivalent
- Less than Year 12 or equivalent

THANK-YOU FOR COMPLETING THE EEO INFORMATION