

EMPLOYEE PERSONAL DETAILS FORM

COMPLETE THIS FORM ONLINE, PRINT and SIGN.

PERSONAL DETAILS

Employee Number									-			
Surname							Given Name/s					
Position Title	Locum Medical Officer								Position Number			
Location/Facility (Mandatory)									Telephone No			
New or Amended Application:	<input type="checkbox"/> New				<input type="checkbox"/> Amended				Date of Original:			

SECTION A: PERSONAL DETAILS

Please Tick	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Name (if additional to above): (attached certificate for name changes)		Surname:							
		Given Name/s:							
Street Address:									
Suburb:						Postcode:			
Postal Address:						Postcode:			
Contact Ph. Numbers:	Home:		Mobile:		Work:				
Payslip Delivery									
Options		Select one option		Details					
Electronic Payslip (email) <small>Payslips will be delivered electronically to your preferred e-mail address. Payslips are also available to view, print and save in ESS.</small>		<input type="checkbox"/> (Preferred)		Personal Email:					
		<input type="checkbox"/>		Work Email:					

SECTION B: Emergency and Next Of Kin Contact Details

Emergency Contact Name:									
Street Address:									
Suburb:				State:			Postcode:		
Contact Ph. Numbers:	Home:		Mobile:		Work:				

SECTION C: Banking Details (Payment Method)

Note: For Salary Packaging Banking detail changes please contact your salary packaging provider.

Assignment Number:				
Primary Bank Account	PLEASE SELECT	<input type="checkbox"/> New	<input type="checkbox"/> Amend	<input type="checkbox"/> Cease
Effective From (DD-MMM-YY):				
Name of Financial Institution:				
Branch Name:				
Full Account Name:				
BSB No.:		Account No.:		

SECTION D: Additional Bank Accounts

(complete only if your salary is to be paid into more than one bank account)

Assignment Number:			
Part Pay Banking Details #1 PLEASE SELECT <input type="checkbox"/> New <input type="checkbox"/> Amend <input type="checkbox"/> Cease			
Effective From (DD-MMM-YY):		Deduction Amount (per fortnight):	\$
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		Account No.:	
Part Pay Banking Details #2 PLEASE SELECT <input type="checkbox"/> New <input type="checkbox"/> Amend <input type="checkbox"/> Cease			
Effective From (DD-MMM-YY):		Deduction Amount (per fortnight):	\$
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		Account No.:	
Part Pay Banking Details #3 PLEASE SELECT <input type="checkbox"/> New <input type="checkbox"/> Amend <input type="checkbox"/> Cease			
Effective From (DD-MMM-YY):		Deduction Amount (per fortnight):	\$
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		Account No.:	

SIGNATURE

Employees signature:		Date (DD-MMM-YY)	
Would you like to receive an email notification that this request has been actioned?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address			

FORM SUBMISSION

*** PLEASE FOLLOW YOUR INTERNAL LOCAL HEALTH DISTRICT PROCEDURES TO FORWARD FORMS ***

All internal procedures, including necessary approval and sign off, must be completed.
If you are unsure of your Local Health District (LHD) internal procedures, please contact your LHD.

NOTE: It is the responsibility of the LHD to ensure all internal LHD procedures have been followed

HEALTHSHARE NSW
Email: HSNSW-Payroll@health.nsw.gov.au