

TASC - NEW EMPLOYEE STARTER PACK

Family Name			
Given Name/s			
Work Location			
Date Commenced Work		Type of Position	

Please check to ensure you have completed all necessary forms and provided all information as outlined below before returning to: **TASC**

GPO Box 333, Hobart, Tasmania 7001 OR

jobs@tasc.tas.gov.au

NEW RELIEF EMPLOYEE REQUEST (school/business unit use only)	
*To be completed by the SBM/Manager on the day the employee first performs a relief shift	
Relief Type (Lib Tech, Clerk, EFA etc)	
Classification (if applicable)	
Start Date	
School/Section	TASC
SBM/Manager name and signature <small>*To authorise that the above information is correct</small>	

Employee Details

- Employees Details Form (attached)
- Next of Kin/Emergency Contact Details (attached)
- Banking Details and Direct Deposit Authority (attached)

Superannuation

- Choice of Superannuation Fund (attached)

Taxation

- Tax File Number Declaration

<https://www.ato.gov.au/Forms/TFN-declaration/>

Proof of Identity

Registration to Work with Vulnerable People (RWVP)

Registration No.	
Registration Type	
Expiry Date	

Non-teaching employees

All non-teaching employees are required to have Registration to Work with Vulnerable People (RWVP).

If you already have RWVP please provide a copy of your RWVP registration number and update your registration to include Department of Education as your employer. This can be done online as follows: <https://www.cbos.tas.gov.au/topics/licensing-and-registration/registrations/work-with-vulnerable-people/my-registration/change-my-details>

If you do not already hold RWVP complete your application through the Department of Justice website: http://www.justice.tas.gov.au/working_with_children/application entering the following categories when prompted:

Class of Registration	Employment/Volunteer
Child-related Activity	Child Education Service (Government Schools)
Employer	Department of Education

*** Your employment cannot commence until you hold RWVP (employment) ***

Teaching employees

RWVP is a requirement for teacher registration. Teaching staff are required to be registered with the Teachers Registration Board (TRB) and cannot be employed without being registered.

TRB Registration No.	
Registration Type	
Expiry Date	

<https://www.trb.tas.gov.au>

Qualifications (applicable to Teaching only)

Evidence of qualifications, please supply a copy of your degree/s and academic transcript

Providing evidence of your teaching qualifications and statement/s of service will allow HR Payroll to place you on the correct classification and salary.

Qualifications (applicable to Allied Health only)

Evidence of qualifications, please supply a copy of your degree/s and academic transcript

Providing evidence of your allied health qualifications will allow HR Payroll to place you on the correct classification.

Statement of Service (applicable to Teaching and Allied Health only)

Statement of service from previous employer/s verifying prior teaching experience

Vocational Competence and Assessment and Training Qualifications (TasTAFE only)

Evidence of vocational competencies

Evidence of training and assessment competencies

Providing evidence of your teaching qualifications and statement/s of service or vocational competence, assessment and training qualifications will allow HR Payroll to place you on the correct classification and salary.

Any queries should be directed to HR Payroll via email: hrpayroll@education.tas.gov.au

TASC - Employee Details Form

Please return the completed form to: TASC, GPO Box 333, Hobart, Tasmania 7001 or email to: jobs@tasc.tas.gov.au

Personal Details	
Employee Number (if new leave blank)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Family Name	
Given Name/s	
Preferred Name	
Date of Birth (supporting documentation required)	

Home Address			
Address			
Suburb		Postcode	

Postal Address (if different from home address)			
Address			
Suburb		Postcode	

Contact Details			
Home Phone		Mobile	

Next of Kin/Emergency Contact Details			
Family Name		Given Name/s	
Relationship			
Address			
Suburb		Postcode	
Home Phone		Mobile	

Personal Information Protection Statement

Personal information will be collected from you through this form for the purpose of obtaining and verifying your employee details and will be used by the Department of Education for managing your employment and may be used for other purposes permitted by the *State Service Act 2000* and regulations and directions made by or under the Act. Failure to provide this information may result in your employee details not being able to be processed. Your personal information will be used for the primary purpose for which it is collected. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department of Education. You may be charged a fee for this service. You can obtain a copy of the Department's Personal Information Protection Policy on request to Human Resources Management Branch at HRM@education.tas.gov.au or at https://tasedu.sharepoint.com/sites/intranet/_layouts/15/DocIdRedir.aspx?ID=TASED-1060461114-974

Workers Compensation Details

Please complete each question by ticking the box next to the most appropriate answer and completing the information requested. This information will only be used by the Department to meet its workers compensation and occupational health and safety obligations – it is **strictly confidential**.

Have you made any significant (more than five days incapacity) claims for compensation in previous employment in respect of injury or illness? Yes No . If you answered yes please provide details.

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Workplace Diversity Details

This information assists the Department to meet its legal and statistical reporting requirement relating to workplace diversity details – it is **strictly confidential**.

Are you of Aboriginal or Torres Strait Islander origin?

- 1 Yes, Aboriginal 3 Yes, both Aboriginal and Torres Strait Islander
 2 Yes, Torres Strait Islander 4 No

NB: An Aboriginal or Torres Strait Islander person is defined as a person who is of Aboriginal or Torres Strait Islander descent, who identifies as being Aboriginal or Torres Strait Islander and who is accepted as being Aboriginal or Torres Strait Islander by the community in which they live or have lived.

Do you wish to identify as having any of the following disabilities or conditions which are likely to last or have lasted for **two years** or more? Yes No

Please indicate below applicable disability/condition. **Please tick ALL that apply.**

Partial hearing impairment		Vision impairment, not corrected by glasses/contact lenses	
Total hearing impairment (deaf)		Speech impairment	
Learning disability		Neurological disability*	
Physical disability*		Other condition*	

* Please specify details if you wish	
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At work do you use additional special equipment to help overcome your disability? Yes No

Where were you born? Australia Elsewhere

If born elsewhere please identify your country of birth

If English is not your first language please identify your first language

Previous Employment

Have you been previously employed within this Department? Yes No

If yes, please answer the following:

The date you were last employed

The role which you undertook

Former family name if this has changed

Banking Details and Direct Deposit Authority

I authorise the Department of Education to directly deposit my total nett fortnightly salary into the following financial institution

Bank/Building Society/Credit Union Name

Branch Location

Account Name

BSB

-

Account Number

NB Please attach details of any additional deductions you wish to be made from your salary

Signature of Employee

Date

HRMB USE ONLY

Transaction Completed

HR Payroll Officer

Date



Choice of superannuation fund Standard choice form – information for employees



You can choose the superannuation fund or retirement savings account (referred to below as superannuation funds) to which your employer will make future superannuation guarantee contributions (9.5%).

Option 1:

You do not have to choose a fund.

If you do not make a choice, your employer's contributions will be paid into the fund that your employer has chosen (see Part A on the reverse side of this form). This may not be the same as your current fund.

Your employer's chosen fund may be suitable for your needs. You can choose a different fund later if you like.

If you do not want to choose a fund, you do not have to complete this form.

⚠ Your employer is not liable for the performance of superannuation funds that you choose or they choose on your behalf.

⚠ Do not seek financial advice from your employer unless they are licensed to provide it.

➤ MORE INFORMATION

You can get more information about choice of superannuation fund or superannuation in general from:

- www.superchoice.gov.au, or
- by phoning **13 28 64**

If you do not speak English well and want to talk to an Australian government officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.

Option 2:

Choose a fund

You can choose the superannuation fund where you want your future employer contributions to be paid.

Your employer is only required to accept one choice every 12 months.

Step 1

Gather information – work out what's best for you

You will need to find out what superannuation options are available to you.

Find out about the features and benefits of your current fund, the fund chosen by your employer and any other funds you are considering. Your current fund may be different to the fund chosen by your employer.

➤ The tips section highlights key issues you should consider when comparing funds.

Step 2

What do I need to tell my employer?

Give your employer details of your chosen fund by **completing Part B** of this form or by a written statement including the necessary information. This information may be provided by your chosen fund. Employees must elect to choose Part B - Section 2 to start or vary employee superannuation contributions to a higher or lower rate, or not to contribute at all.

An election may specify either a percentage of salary (in multiples of 1%) or a fixed dollar amount per fortnight.

Part A shows details of your employer's superannuation arrangements. This includes the fund that your employer has chosen to make all future superannuation guarantee contributions to. If your employer has changed funds recently, the previous fund will also be shown. You may choose to remain in this previous fund.

Step 3

What happens to any superannuation I have in existing funds?

Any money you have in existing funds will remain there unless you make arrangements to transfer it (roll over) to another fund. Check the impact of any exit fees or benefits you may lose before leaving the fund. Your employer cannot do this for you.

➤ TIPS FOR COMPARING FUNDS

Fees

Most funds charge fees. Differences in the fees funds charge can have a big effect on what you may have to retire on. This effect may be more than you think and for this reason you need to consider what fees are being charged. For example, your final return could be reduced by up to 20% over 30 years if your total amount of fees and costs are 2% rather than 1% (eg. from \$100,000 to \$80,000). Some funds may also charge an exit fee if you leave the fund.

Death and disability insurance

Your current fund may insure you against death or an illness or accident that makes you unable to return to work. Other funds may not offer insurance, or you may have to pass a medical examination before they cover you. Check if you'll be covered in any new fund, and the costs and amount of cover, before leaving your current fund.

Investment choice

Some funds let you choose where the fund will invest your super. Some choices offer higher returns, but with a higher risk that investments may go down as well as up. Other choices offer greater security but with lower expected returns. Choose the level of risk and return that you are comfortable with.

Investment performance

Superannuation is a long term investment for your retirement, so its investment performance needs to be judged over the long term. Short term performance, whether good or bad, may not be repeated. There is no guarantee that a fund that has performed well in the past will do so in the future.

The information you'll need to make these checks is in each fund's product disclosure statement which you can get from the fund. For further information on choosing a fund go to the website www.superchoice.gov.au or phone **13 28 64**.



Choice of superannuation fund Standard choice form



Part A: Employer to complete

Give this form to your employee after you have completed Part A.

1 **Employer name**

2 **Employer superannuation guarantee contributions will be made to the following fund:**

Fund name
 Superannuation product identification number (if applicable)
 For the product disclosure statement for this fund (if applicable) Phone
 Fund website

3 **Employer superannuation guarantee contributions have previously been made to:** (if different to above)

If the employer fund has not changed please write 'as above' in fund name box below.

Fund name
 Superannuation product identification number (if applicable) Phone
 Fund website

4 **Employer contributions:**

Superannuation contributions are currently made at a higher level than the required 9.5% Yes No
 If Yes, superannuation contributions will continue at this higher level if the employee chooses a fund other than the fund named in part A question 2 Yes No

Note that this statement does not alter an employer's legal obligations (if any) relating to future payments.

Part B: Employee to complete

1 **I request that all future superannuation guarantee contributions be made to:**

- my employer's previous superannuation fund named in part A question 3 ▶ Complete questions 2 and 5 below.
- my own choice of fund ▶ Complete questions 2, 3, 4 and 5 below.

2 **Employee superannuation contributions**

- I wish to make personal after tax superannuation contributions of _____ % of salary or \$ _____ per fortnight
- I wish to make pre-tax salary sacrifice superannuation contributions of _____ % of salary or \$ _____ per fortnight
- I do not wish to make any employee superannuation contributions

3 **Your chosen fund details:**

Fund name
 Membership No. (if applicable)
 Account name
 Fund Australian business number (ABN) (if applicable)
 Superannuation product identification number (if applicable) Phone

4 **I have attached:**

- a letter from the trustee stating that this is a complying fund and (for a self managed superannuation fund) a copy of documentation from the Tax Office confirming the fund is regulated
- written evidence from the fund they will accept contributions from my employer, and
- details about how my employer can make contributions to this fund.

5 **Employee name**

Employee No. (if applicable)
 Date Signature

Return this form to your employer. **Do not send this form to the Tax Office or to your superannuation fund.**

Part C: Employer only

Date accepted

Day Month Year

Processed

Day Month Year