

## NEW EMPLOYEE STARTER PACK

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

**Please check to ensure you have completed all necessary forms and provided all information as outlined below before returning to: HR Operations, GPO Box 169, Hobart, TAS, 7001**

### 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

### Proof of Identity

#### **Registration to Work with Vulnerable People (RWVP)**

<b>Registration No.</b>	
<b>Registration Type</b>	
<b>Expiry Date</b>	

#### **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:

[http://www.justice.tas.gov.au/working\\_with\\_children/change\\_details](http://www.justice.tas.gov.au/working_with_children/change_details)

If you do not already hold RWVP complete your application through the Department of Justice website following the guidelines shown below:

Class of Registration: Employment/Volunteer

Child-related Activity: Child Education Service (Government Schools)

Please select the Department of Education as your employer on the application form.

[http://www.justice.tas.gov.au/working\\_with\\_children/application](http://www.justice.tas.gov.au/working_with_children/application)

**\* Your employment cannot commence until you hold RWVP \***

## 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.

<b>TRB Registration No.</b>	
<b>Registration Type</b>	
<b>Expiry Date</b>	

<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 Operations to place you on the correct classification and salary.

### **Statement of Service (applicable to Teaching only)**

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

### **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 Operations to place you on the correct classification.

### **Vocational Competence and Assessment and Training Qualifications (applicable to 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 Operations to place you on the correct classification and salary.

Any queries should be directed to HR operations via email: [HROps@education.tas.gov.au](mailto:HROps@education.tas.gov.au)

# Employee Details Form

Please return the completed form to: HR Operations, GPO Box 169, HOBART 7001 or email to: [HR Ops@education.tas.gov.au](mailto:HR Ops@education.tas.gov.au)

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

Home Address			
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	

Postal Address (if different from home address)			
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	

Contact Details			
<b>Home Phone</b>		<b>Mobile</b>	

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

#### 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](mailto:HRM@education.tas.gov.au) or at <http://www.education.tas.gov.au/Students/schools-colleges/policies/Pages/Personal-Information-Protection-and-Your-Right-to-Information.aspx>

### 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.

### 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

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

□	□	□	-	□	□	□
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Account Number

□	□	□	□	□	□	□	□	□	□
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*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 Operations 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](http://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](http://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

  

Processed

# Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

— This is not a TFN application form.  
To apply for a TFN, go to [ato.gov.au/tfn](http://ato.gov.au/tfn)

## ! Terms we use

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system.
- **payee**, we mean the individual being paid.

## Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

! You do not need to complete this form if you:

- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit [ato.gov.au/trustsandtfnwithholding](http://ato.gov.au/trustsandtfnwithholding)
- have reached 60 years of age and started a super benefit that does not include an untaxed element for that benefit.
- are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund.

## Section A: To be completed by the payee

### Question 1 What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

— We and your payer are authorised by the *Taxation Administration Act 1953* to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

### How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you your TFN.

If you still can't find your TFN, you can:

- phone us on **13 28 61** between 8.00am and 6.00pm, Monday to Friday
- visit your nearest shopfront (phone us on **13 28 61** to make an appointment).

If you phone or visit us we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative would know.





## How your income affects the amount of your tax offset

You must meet the eligibility conditions to receive SAPTO. Your rebate income, not your taxable income, determines the amount of SAPTO, if any, you will receive.

Answer **yes** if you are eligible and choose to claim SAPTO with this payer. To reduce the amount withheld from payments you receive during the year from this payer, you will also need to complete a *Withholding declaration* (NAT 3093).

Answer **no** if one of the following applies:

- you are not eligible for SAPTO
- you are already claiming SAPTO with another payer
- you are eligible but want to claim your entitlement to the tax offset as a lump sum in your end-of-year income tax assessment.

➤ For more information about your eligibility to claim the tax offset or rebate income, visit [ato.gov.au/taxoffsets](http://ato.gov.au/taxoffsets)

## Question 10

### Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?

#### ⊖ Claim tax offsets with only one payer

You are not entitled to claim tax offsets with more than one payer at the same time.

You may be eligible for one or more of the following:

- a zone tax offset if you live or work in certain remote or isolated areas of Australia
- an overseas forces tax offset if you serve overseas as a member of Australia's Defence Force or a United Nations armed force
- an invalid and invalid carer tax offset.

Answer **yes** to this question if you are eligible and choose to receive tax offsets by reducing the amount withheld from payments made to you from this payer. You also need to complete a *Withholding declaration* (NAT 3093).

Answer **no** to this question if you are either:

- not eligible for the tax offsets
- a foreign resident
- choose to receive any of these tax offsets as an end-of-year lump sum through the tax system
- are already claiming the offset from another payer.

➤ For more information about your entitlement, visit [ato.gov.au/taxoffsets](http://ato.gov.au/taxoffsets)

## Question 11

### (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, SSL or TSL debt.

Answer **no** if you do not have a HELP, SSL or TSL debt, or you have repaid your debt in full.

- ! You have a HELP debt if either:
  - the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP or SA-HELP.
  - you have a debt from the previous Higher Education Contribution Scheme (HECS).

### (b) Do you have a Financial Supplement debt?

Answer **yes** if you have a Financial Supplement debt.

Answer **no** if you do not have a Financial Supplement debt, or you have repaid your debt in full.

➤ For information about repaying your HELP, SSL, TSL or Financial Supplement debt, visit [ato.gov.au/getloaninfo](http://ato.gov.au/getloaninfo)

### Have you repaid your HELP, SSL, TSL or Financial Supplement debt?

When you have repaid your HELP, SSL, TSL or Financial Supplement debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

#### ! Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

## Section B: To be completed by the payer

! Important information for payers – see the reverse side of the form.

#### ➤ Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)



# Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

## Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the ATO, provide your previous family name.

4 What is your date of birth? Day   / Month   / Year

5 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

6 On what basis are you paid? (Select only one.)

Full-time employment  Part-time employment  Labour hire  Superannuation or annuity income stream  Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check)

Yes  No

8 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes  No  Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

Yes  Complete a *Withholding declaration* (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?

Yes  Complete a *Withholding declaration* (NAT 3093). No

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

(b) Do you have a Financial Supplement debt?

Yes  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

**DECLARATION by payee:** I declare that the information I have given is true and correct.

Signature

You MUST SIGN here

Date

Day

Month

Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes  No

3 What is your legal name or registered business name (or your individual name if not in business)?

**DECLARATION by payer:** I declare that the information I have given is true and correct.

Signature of payer

Date

Day

Month

Year

There are penalties for deliberately making a false or misleading statement.

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box.

Return the completed original ATO copy to:

Australian Taxation Office  
PO Box 9004  
PERRITH NSW 2740

**IMPORTANT**

See next page for:  
 payer obligations  
 lodging online.



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Sensitive (when completed)