VPS New Employee Personal Details

This form is to be completed by all new employees within the Public Service in the Department of Education and Training.

The information collected on this form is required to confirm information provided in the online resume and application. The Department requires this information to enrol new employees on systems such as IT and payroll.

**Privacy notice:**

The information collected on this form is for the purpose set out above and is required to process your request. Your information will not be disclosed without your consent or unless authorised or required by law. You are able to request access to the personal information that the Department holds about you and request that it be corrected by contacting your manager.

Information about contacting the People Division is available on HRWeb: [education.vic.gov.au/hrweb/Pages/contactus.aspx](http://www.education.vic.gov.au/hrweb/Pages/contactus.aspx)

The Department’s Information Privacy Policy is also available on HRWeb: [education.vic.gov.au/Pages/privacypolicy.aspx](http://www.education.vic.gov.au/Pages/privacypolicy.aspx)

1. **INSTRUCTIONS FOR COMPLETING THE FORM** (the numbers below correspond with the relevant sections on the form)
   1. **Personal details**

Personal particulars must be completed in full. Your first given name must be entered as shown on your birth certificate unless you have changed your first name officially. Do not use shortened names.

**Gender information**: gender data may be aggregated to assist the Department to develop and assess diversity strategies and to meet government statistical requirements. Personal details that could identify an employee will not be provided in the reports. The Department will only supply employee identifiable (e.g. name, address) gender information where required by legislation. Employees may request at any time that amendments be made to the gender information held by the Department.

* 1. **Optional information**

Your answers to these optional questions helps the Department plan staff recruitment, retention and development strategies and to meet government statistical reporting requirements. Personal identification details (e.g. name, address, work location) are not used for reports.

* + - **ancestry**: describes the ethnic or cultural heritage you identify with most, for example: Aboriginal (Koorie), Torres Strait Islander, Australian, Maori, English, Irish, Italian, Greek, Turkish, Scottish
    - **language/linguistic background**: records your proficiency to read, speak or write a language or languages other than English, including Auslan
    - **impairment**: indicate if you have an impairment, for example: visual, hearing or physical impairment.
  1. **Previous employment with the Department**

Indicate if you have previously worked in a salaried position within this Department.

* 1. **Voluntary departure package**

Indicate if you have received any form of departure or separation package from a Victorian Public Sector employer within the past three years. If such a package has been received, indicate the date received and from which Government Department or Agency you received it.

* 1. **Emergency contacts information**

List the contact details of up to two people who could be contacted in an emergency situation.

* 1. **Declaration**

Check the details you have entered on this form to ensure they are accurate and correct, then sign and date the form.

1. **EMPLOYMENT CHECKS**

All persons selected for employment are required to complete a form consenting to Victoria Police checking for and releasing details of a criminal record. Employment is subject to a satisfactory police records check.

All persons selected for employment are required to satisfactorily complete the relevant pre-employment health requirements to confirm that they are fit to undertake the duties of the position. Employment cannot occur until the pre-employment health requirements are met.

1. **DOCUMENTATION TO ACCOMPANY PERSONAL DETAILS FORM**

Please supply copies which have been certified by a person authorised to witness a statutory declaration. Information about who can witness a statutory declaration is available on the Department of Justice and Regulation website: [justice.vic.gov.au/home/justice+system/legal+assistance/statutory+declarations/](http://www.justice.vic.gov.au/home/justice+system/legal+assistance/statutory+declarations/)

If any documents are in a language other than English, authorised translations are also required. If you provide originals, they may not be returned to you. Attach all documents securely to this form.

Please indicate, by ticking the boxes below, which documents you have attached to this form:

* **Evidence of date of birth**

Provide a copy of a birth certificate, extract of birth entry, passport, certificate of naturalisation or certificate of citizenship. Note that baptismal certificates or driver licences are not acceptable.

* **Evidence of change of name** (where your name differs from your birth certificate)

Provide evidence, which shows both your current and former name, for example: a copy of certificate of marriage, certificate of registration of change of name.

* **Evidence of permanent resident status** (if you are not an Australian or New Zealand citizen)

Provide a copy of the relevant pages from your passport showing a stamp, which confirms your right to permanent residence in Australia. Your name must appear on the copy.

If you are a British subject who migrated to Australia prior to 1974, evidence of residence in Australia prior to 1974 is required.

New Zealand citizens are regarded as Australian citizens for employment purposes, but evidence of New Zealand citizenship is required.

If you are not a permanent resident, but have a work permit that allows the type and duration of work for which you are applying, such evidence must be provided.

The form must be completed and returned to: Corporate People Services, Ground Floor, 2 Treasury Place, East Melbourne 3002.

| **1. Personal details** (please use BLOCK LETTERS) | |
| --- | --- |
| Family name: | Given name(s): |
| Preferred name: | Date of birth: **\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** |
| If your name has changed, indicate your original family name: |  |
| What is your gender? 🞎 Man | 🞎 Woman |
| 🞎 Self-described (please specify): |  |
| If you are **NOT** an Australian citizen, please indicate if you: | 🞎 are a permanent resident |
|  | 🞎 are a New Zealand citizen |
|  | 🞎 have an appropriate work permit |
| Please provide evidence of a passport, citizenship, residency or work permit to Corporate People Services. | Expiry date of permit: **\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** |
| **Residential address** |  |
| Number/street: |  |
| Suburb/town: |  |
| State: | Postcode: |
| **Postal address** (if different from residential address) |  |
| Number/street: |  |
| Suburb/town: |  |
| State: | Postcode: |
| **Contact details** |  |
| Preferred phone number: | Alternative number: |
| Email address: |  |

| **2. Optional information** |  |
| --- | --- |
| Country of birth: | What is your ancestry? |
| Are you of Aboriginal or Torres Strait Islander Origin? 🞎 No | 🞎 Yes, Aboriginal |
|  | 🞎 Yes, Torres Strait Islander |
| Do you have impairment? 🞎 No | 🞎 Yes |
| If **YES**, provide details: |  |

| **2. Optional information (continued)** |  |
| --- | --- |
| What is your language/linguistic background? |  |
| Please indicate your proficiency to read, write or speak this language. | READ: 🞎 High 🞎 Medium 🞎 Low |
|  | WRITE: 🞎 High 🞎 Medium 🞎 Low |
|  | SPEAK: 🞎 High 🞎 Medium 🞎 Low |

| **3. Previous employment with the Department** |
| --- |
| Have you been previously employed by this Department? 🞎 No 🞎 Yes |
| If **YES**, state your previous Employee ID / PIN / Record Number: |
| Previous Employee ID / PIN / Record Number is required to ensure all previous entitlements and service is carried forward to this period of employment. |

|  |
| --- |
| **4. Voluntary departure package** |
| Have you received any form of departure/separation package from a Victorian Public Sector employer within the last three years? 🞎 No 🞎 Yes |
| If **YES**, indicate the date received: **\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** |
| Agency responsible: |

|  |  |
| --- | --- |
| **5. Emergency contacts** |  |
| This information will be used by the Department in the event of an emergency. |  |
| **Emergency Contact 1** |  |
| Name: | Relationship to employee: |
| Address: |  |
| Preferred number: | Alternative number: |
| **Emergency Contact 2** |  |
| Name: | Relationship to employee: |
| Address: |  |
| Preferred number: | Alternative number: |

|  |
| --- |
| 6. Declaration by employee |
| I declare that the information I have provided is true and correct.  **Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** |