



Personal Details Form

Name: _____

DOB: ____ / ____ / ____

Address: _____

Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Payroll Details

Bank: _____ Account Name: _____

BSB: _____ Account Number: _____

Tax File Number:

Emergency Contacts

Emergency Contact Name:

Relationship To You: _____

Phone Number: _____ Mobile: _____

Medical Information

(This information is strictly confidential to be used in case of emergency ONLY)

If you have a medical condition that may affect you at work it is important that we have it on file so that if asked by a Doctor or Medical attendant, we are able to advise them correctly. All information provided to us will ONLY be used in the context of providing medical treatment. Examples of illnesses that we would like to be advised on are Asthma, Epilepsy, Known Allergies to drugs (such as Penicillin), Migraines or any heart problems.

Type of Condition/ Allergy: _____

Do you take regular medication? _____

If yes, what type? _____

If you suffer an attack, how does it affect you, and what can be done to help you?

Even if there are no current problems with your health, it is always best if your own Doctor can be contacted (if applicable). Please provide your Doctors details.

Doctors Name: _____ Phone Number: _____

Signed (Employee):

Dated:



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