



PERSONNEL SERVICES
ENTRY ON DUTY - EMPLOYEE TO COMPLETE

EMPLOYEE PERSONAL DETAILS

Title (Prof/ Assoc Prof/ Dr/ Mr/ Mrs/ Miss/ Ms) _____

Surname _____

First Name _____ Middle Name/s _____

Preferred First Name _____ Previous Surname _____

Gender _____ Date of Birth _____

Home Address _____

State _____ Postcode _____

Postal Address _____

State _____ Postcode _____

Home Phone _____ Proof of Identity _____

Entry on Duty Date _____

OFFICE USE ONLY:

EnterpriseOne No.

PASSPORT DETAILS

If you are an Australian citizen or have Permanent Resident status this section is not applicable. You will need to show Recruitment your visa/passport when you start your employment.

Passport No. _____ Expiry Date _____

Visa Date _____ Visa Type _____

Are you eligible for paid employment Yes No

Comments _____

EMPLOYEE EMERGENCY CONTACTS/NEXT OF KIN

Title _____ Surname _____

First Name _____ Relationship _____

Postal Address _____

State _____ Postcode _____

Home Phone _____ Work Phone _____

Comments _____

PAYMENT OF SALARY

Financial Institution Account Details:

Name _____ Bank BSB: _____

Account Name _____ Account No: _____

Bank Address _____

NOTE: Unless notified otherwise, your pay advice will be distributed via Electronic Mail.

I certify the above details to be correct.

Signature Date

LICENCES HELD

Type _____ Class _____

State Issue _____ Licence No. _____

Date Issue _____ Date Expiry _____

Comments _____

EMPLOYEE QUALIFICATIONS ATTAINED

Qualification _____ Major _____

Qualification Level _____ Qualification Title _____

Completion Date _____ Institution _____

Country _____

EMPLOYEE MEMBERSHIP/HONOURS

(Please indicate professional memberships and special awards)

*Membership (Professional Institute etc.)

Honours (e.g. Order of Australia etc.)

Date Acquired _____



University of Wollongong
Equal Employment Opportunity (EEO) - Data Collection

Strictly Confidential

Completion of this form is voluntary. We ask for your co-operation.

Name: _____ Staff Number: _____

* Please tick your answers *

Q1. Are you female or male?

- Female
- Male

Q2. Are you an Aboriginal or Torres Strait Islander?

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Island descent, who identifies as such and is accepted as such by the community in which he or she lives. If you are both Aboriginal and Torres Strait Islander, please mark both "yes" boxes.

- Yes, Aboriginal
- Yes, Torres Strait Islander
- No

Q3. Are you from a racial, ethnic or ethno-religious group which is a minority in Australian society? You should answer "yes" to this question if you are from a minority because of any of the following:

- * your language background or accent
- * your ethnic or racial appearance
- * your religion or culture
- * your country of birth or descent

- Yes
- No

Q4. In which country were you born?

- Australia
- England
- Scotland
- New Zealand
- Italy
- Greece
- Vietnam
- Germany
- Netherlands
- Other (please specify).....

Q5. Did either of your parents speak a language other than English as their first language?

- Yes
- No

.....please turn over

Q6. What language did you first speak as a child?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Italian | <input type="checkbox"/> German |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Other (please specify)..... |

Q7. Are you a person with a disability?

You should answer "yes" to this question if you have any one or more of the limitations or restrictions listed below:

- * a long term medical condition or ailment
- * speech difficulties in your native language
- * disfigurement or deformity
- * a psychiatric condition
- * head injury, stroke or any other brain damage
- * loss of sight or hearing
- * incomplete use of any part of your body
- * blackouts, fits or loss of consciousness
- * restriction in physical activities or in physical work
- * slowness at learning or understanding
- * any other condition resulting in a restriction

- Yes
 No If "no" you do not need to answer any more questions. Thank you.

Q8. If yes, do you require adjustment to be made at work?

You should answer "yes" to this question if your disability would make it necessary to change any of the following:

- | | |
|---------------------------------|------------------------------|
| * the tasks of the job | * the workplace or work area |
| * how others behave towards you | * the equipment you use |
| * your working hours | |

- Yes
 No

THANK YOU FOR COMPLETING THIS FORM
Please return this form by using the envelope enclosed

*If you have any questions, please ring
the EEO Unit on (02) 4221 3917*