

Return completed form(s) to HR Service Centre, Level 2, 1-3 Ross Street Building (K06) or email <u>hr.servicecentre@sydney.edu.au</u>. Alternatively you can update your personal details on mvHRonline

Employee No:	Email Address:
Surname:	Name/s:
Faculty/School/Unit:	
Student Number:	
Privacy Statement	

The personal information requested in this form is used to manage all aspects of your employment with the University, to facilitate communication with you and to enable the University to meet its reporting requirements to relevant government agencies. You are requested to complete the Personal Details, visa details (if applicable), Emergency Contacts and Qualifications sections.

Completion of the **EEO section** of this form is voluntary. Collated EEO data is used for reporting and monitoring purposes. The information you provide will be entered into the University's HR system and on your staff record.

All the personal information you provide will be stored securely and only used for lawful University purposes. Personal is only disclosed by the University with your consent, or where retained or authorised by law. You have the right to access and update your personal information. For more information please contact <u>hr.servicecentre@sydney.edu.au</u>.

Personal Details
Family Name:
Have you been employed previously at the University? Yes* No
*If yes, please provide your name if different from Family Name:
First Name: Preferred Name:
Second Name: Third Name:
Title: Gender: Female Male Other Date of birth:
Home Phone: Mobile:
Home Address:
Suburb/Town: State: Postcode: Country:
Postal Address If different from Home Address:
Suburb/Town: State: Postcode: Country:
Permanent Resident: Yes No Year Arrived:
Equal Employment Opportunity (EEO) - completion of this section is voluntary, however, we request your co-operation
Aboriginal Descent: An Aboriginal or Torres Strait Islander Person is a person of Aboriginal or Torres Strait Islander descent, who identifies as such and is accepted as such by the community in which they live.
Of Aboriginal Origin Neither Aboriginal/Torres Strait Islander Origin
Of Torres Strait Islander Origin
Disability: Are you a person with a disability? Disability includes sensory, physical, intellectual, learning or immunological disabilities; physical impairment, mental health or chronic medical condition. Disability may be episodic or intermittent
Yes No No No information provided

Disability / Reasonable Adjustments: If you selected 'Yes' for "Disability" above do you require a reasonable adjustment or workplace modification to be made at work?

Yes (Reasonable Adjustments Required)			No Information Provided				
Contact details ava	ailable at: <u>http</u>	s://intranet.sydn	ey.edu.au/conta	as possible to discus cts-connections/se s://intranet.sydney.e	rvices/human-re	sources/contac	t-hr-officers.php
Citizenship:		Australiar	n 🗌 Ne	ew Zealand	Other		
First language:							
Country of Origin:							
Language/s spoke	n at Home:						
Cultural Backgrou	nd:		Ethnic/Racial/Renation Provided	eligious Minority	Of an E	thnic/Racial/Rel	igious Minority
Emergency Cont	acts						
Emergency Priori	ity 1 (Primary	Contact)					
Title:	Surname:			Name/s:			
Relationship:	Spouse Sister	Partner Other	Son Son	Daughter	Father	Mother	Brother
Home Address:							
Suburb/Town:			State:	Postcode:	Coun	try:	
Telephone - Home	::		Work:		Mobile:		
Email:							
Emergency Priori	ity 2						
Title:	Surname:			Name/s: _			
Relationship:	Spouse Sister	Partner Other	Son Son	Daughter	Father	Mother	Brother
Home Address:							
Suburb/Town:			State:	Postcode:	Coun	try:	
Telephone - Home	:		Work:		Mobile:		
Email:							

Please list the highest level qualification/s you hold (whether this be HSC, certificate, diploma, degree, etc):

Qualification/s	* Qualification type/level	Year completed	Institution

* Qualification Type/Level: Doctorate or PhD, Masters Degree (Coursework or Research), Graduate Diploma, Graduate Certificate, Bachelor Degree, Associate Diploma / Diploma (Higher Education), Diploma or Advanced Diploma (Vocational Education)

Provide details of any current registration certificates (eg: AHPRA registration, License, Certificates, First Aid Certification etc)

Certificate or Licens	Expiry Date						
Visa Details	* Attach a cop	by of your passport and current visa					
* Passport No.://	* Visa Expiry Date:	//					
* Country of Passport:	* Visa Number:						
* Visa Date://	* Visa Type:						
Comments:							
Dependants - included in your visa sponsorship. (Add a	Dependants - included in your visa sponsorship. (Add an additional form if more than 2 dependants)						
Dependant No. 1:							
Title: Surname:	Name/s:						
Gender: 🗌 Female 🗌 Male	□ Other	Date of birth://					
Relationship: Spouse Partner	🗌 Son 🗌 Daughter 🗌 Fa	ther 🗌 Mother 🗌 Other					
Passport Number:Is	ssued:	Expiry Date:///					
Dependant No. 2:							
Title: Surname:	Name/s:						
Gender: Eremale Male Other	Date of birth:	/					
Relationship: Spouse Partner	Son Daughter Fa	ther Dother Other					
Passport Number: Is	ssued:	Expiry Date://					
Staff Member's Signature:		Date: / /					
HR Service Centre Use:							
Entered by:	Date entered:						
Checked by:	Date checked:						