CATHOLIC EDUCATION
WESTERN AUSTRALIA

NEW EMPLOYEE DETAILS

Casual Relief (Pay Group 8888)

Privacy Statement

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More information about how CEWA handles your personal information is in our Privacy Policy and Privacy Collection Notice here: https://policy.cewa.edu.au/executive-directive/privacy/

FORM 11: NEW EMPLOYEE DETAILS - PRIVATE AND CONFIDENTIAL

School Details

School Name ARANMORE CATHOLIC COLLEGE

Location LEEDERVILLE Contact Person Corlie Wolmarans

Code 8425 School Phone 9201 5200

Employee Details

Employee Code (if known) _____ Date of Birth _____

Surname _____ Previous Surname (if applicable) _____ Title _____

Given Names _____ Preferred Given Name _____

Residential Address _____ Postcode _____

Postal Address (if different to above) _____ Postcode _____

Home Phone Nº _____ Mobile Phone Nº _____

Emergency Contact _____ Phone Nº _____ Relationship _____

Religious Affiliation _____ Are you of Aboriginal or Torres Strait Islander descent ☐ Yes ☐ No

IF PREVIOUSLY EMPLOYED IN THE CATHOLIC EDUCATION SYSTEM

School Name _____

Location _____ State _____ Termination Date _____

If transferring from a Catholic school interstate, contact payroll@cewa.edu.au regarding the possibility of a portability transfer of Long Service Leave.

ALL STAFF

Working with Children Card Notice Number _____ Expiry Date _____

OR Application Number (from receipt) _____

TEACHING STAFF ONLY

TRBWA Number _____ Registration Category _____ Expiry Date _____

Financial Expiry Date _____ Date of Issue _____

ACADEMIC QUALIFICATIONS (do not abbreviate details)

Qualification _____ Major _____

Institution _____ Country _____ Date Completed _____

Qualification _____ Major _____

Institution _____ Country _____ Date Completed _____

For additional qualifications please attach a separate sheet.

Position Details

EMPLOYMENT BASIS - Casual

Commencement Date _____

End Date of Contract _____

Position Title Relief Teacher

NAME OF EMPLOYEE _____

SALARY DETAILS

Classification Code	Level	Step

LOCATION ALLOWANCE

☐ Half Allowance Code _____ ☐ Full Allowance Code _____ Fortnightly Rate _____

BANK / CREDIT UNION / CDF ACCOUNT DETAILS (Card numbers will not be accepted)

Bank	BSB Number	Account Number	Account Holder Name
	__ __ __ – __ __ __		

TAXATION

Additional extra tax $ _____ per fortnight

Please complete Tax File Number declaration form

If a Working Holiday Maker (Visa 417 or 462) please fill out Form 15 in addition to this form

SUPERANNUATION DETAILS

Are you currently a member of UniSuper?

☐ YES ➡ Member Number: _____

☐ NO If **no**, please complete choice of super fund section below, or join **UniSuper**:

or ☐ I am applying to be a member of the CEWA Ltd default Superannuation Fund, **UniSuper**.

I have obtained, understood and read the Superannuation Plan Product Disclosure Statement. I agree to be bound by the provisions of the Trustee Deed including any amendments and insurance arrangements. I agree to supply all information the Trustee Deed requires for the management and administration of the Fund. I have read the section of the Product Disclosure Statement on the Fund's Privacy Policy and agree that the Trustee may use my personal information for the purposes described and may retain my Tax File Number on file.To access your personal information or for a copy of our Privacy Policy, visit www.unisuper.com.au or phone 1800 331 685.

Choice of Superannuation Fund Details*:

Name of Fund _____

Member Number _____

Address of Fund _____

_____

Phone Number _____

Unique Superannuation Identifier (USI) _____

or for a Self Managed Fund (SMSF):

Name of Fund _____

Australian Business Number _____

Electronic Service Address (ESA)_____

Fund BSB _____ Fund Account No_____

*** You are able to select GESB or Weststate Super as your**

Employee Voluntary Contributions:

Additional Pre-Tax Contribution % _____ per f/n

Additional Post Tax Contribution % _____ per f/n

***From 12 May 2025 you can select GESB Super as your Choice of Super Fund. If you have West State Super or Gold State Super you can't contribute to those accounts, but GESB will open a GESB Super account when they receive your first non-government employer contribution.**

Employee And Employer Declarations

EMPLOYEE DECLARATION

I certify that details supplied are true and correct

Signature of Employee _____ Date _____

EMPLOYER DECLARATION

I certify that:

☐ Employee and payroll details are true and correct

☐ All requirements of the **Employment in Schools Executive Directive** Schedule 1 have been followed

☐ A CEWA Check of Employment Status and Reference Check has been conducted (if applicable)

☐ TRBWA details have been sighted for teaching staff

☐ Nationally Coordinated Criminal History Check Screen Clearance Number (SCN) from DoE sighted for non-teaching staff

☐ WWC card or WWC receipt sighted for all staff

Signature of Authorised Employer Representative _____

Position of Signatory _____ Date _____

Australian Government
Australian Taxation Office

ato.gov.au

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.

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 What is your home address in Australia?

Suburb/town/locality

State/territory W A Postcode

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

5 What is your primary e-mail address?

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

7 On what basis are you paid? (select only one)

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

8 Are you: (select only one)

An Australian resident for tax purposes | A foreign resident for tax purposes | **OR** | A working holiday maker

9 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 if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), 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**

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)?

4 What is your business address?

Suburb/town/locality

State/territory Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

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

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.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT
See next page for:
- payer obligations
- lodging online.

Print form | Save form | Reset form

Sensitive (when completed)

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