FORM 15 WORKING HOLIDAY MAKER VISA DETAILS (VISA 417 or 462)

SCHOOL DETAILS

SCHOOL NAME: Aranmore Catholic College

LOCATION: 41 Franklin Street, Leederville, WA

CODE: 8425

CONTACT PERSON: Corlie Wolmarans

CONTACT NUMBER: 9201 5254

EMPLOYEE DETAILS

Employee Code (if known)_____ Date of Birth _____

Surname_____ Previous Surname (if applicable)_____ Title _____

Given Names_____ Preferred Name _____

VISA DETAILS

Passport Number_____ Visa Grant Number _____

Visa Class_____ Visa Subclass _____

Visa Grant Date_____ Visa Expiry Date _____

Date of Arrival _____ Country of Origin_____

EMPLOYEE AND EMPLOYER DECLARATIONS

The personal information I provide on this form will be stored electronically by the Catholic Education Office (CEO). I understand that my personal information is being collected by my employer to provide and manage my employment entitlements. For this purpose my personal information may pass between my employer, the CEO and if applicable the Australian Catholic Superannuation and Retirement Fund. I may access my information by contacting the CEO.

Signature of Employee_____ Date _____

Signature of Authorised Employer Representative_____ Date _____

Name and Position of Signatory _____