## **Mater Health Service Employee Payroll Details**

Privacy Disclaimer: Personal information collected by Children's Health Queensland Hospital and Health Service is handled in accordance with the Information Privacy Act 2009. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of Children's Health Queensland Hospital and Health Service (or its agents). Once you provide your personal details through this form, CHQ HHS will directly upload this information into the Queensland Health payroll system. We want to assure you that every precaution has been taken to ensure your personal information is being treated securely and privately. Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Congratulations on your appointment to the Lady Cilento Children's Hospital, Children's Health Queensland Hospital and Health Service (CHQ HHS). We are excited to have you on board and we look forward to working with you when you commence your employment.

There are a few details we need to collect from you for payroll purposes. To ensure we accurately record this information, we ask you to complete all fields on this form.

Following upload into the Queensland Health payroll system, a payroll identification number (ID) will be generated which will be important for payroll related matters. Communication of your CHQ HHS payroll ID will be provided to you in the near future.

As you are supplying these details to us now, and you are not commencing employment with us until late November 2014, CHQ HHS understands that details can change. In the event this does occur now you have submitted your personal details please contact CHQ Workforce@health.qld.gov.au.

Mater Employment De	talls	
Payroll ID	Position Title	Classification
Personal Details		
Title Family Name		First Name/s
Previous Name (if applicable)	Date of Birth*	Gender
		Male Female
Visa Details (where ap	oplicable)	
		l copy of your passport and complete the Visa Details section of this form partment of Immigration and Border Protection.
Specify the type of Visa (e.g. Ten Skilled Sponsored Migration 176,	nporary Business (Long Stay) 457, , Employer Nomination 856, etc)	
Nationality		Passport Number
	Primary/Secondary	Country of incur
Visa Number	- Holder	Country of issue
	lity with the Department of Immigration	
<b>Banking Details</b>		
		nt number with your financial institution before completing this form. Valid TM and credit card numbers cannot be accepted as valid account numbers.
Main Account Details (for	net pav)	
The main bank account is where account) have been made. For exfortnight, any remaining fortnight	the balance of pay is distributed, after xample, if a fixed amount of \$250 has y net payments owing to you are disbu	
Financial Institution	Branch Na	me
Bank / State / Branch (BSB) Number	Account Number (maximum 9 cha	aracters) Account Name (eg: A M & S G Jones)
	etails (fixed amount per fortr	
Financial Institution	Branch Na	me
Bank / State / Branch (BSB) Number	Account Number (maximum 9 cha	aracters) Account Name (eg: A M & S G Jones)
Fortnightly Amount	\$	

Payroll Self Service: Your Payslip is online														
fortnightly personal s	f Service (PSS) payslip, you must ecurity code of fift t - at work, at hon	register een lett	r for PS ers and	S usin numb	g a unic ers. PS	que regi	stratior	token	sent via	a email	or SMS	after your f	irst pay	day. This is a
Secure mobile phone number:										and / or				
Secure email addres	S:													
Address Details														
Home Address	Address													
	Suburb										State			Postcode
	Home Telephone Number Mobile Telephone Number								Cour	Country (if other than Australia)				
Postal Address (if different to above)	Address													
	Suburb									State	!		Postcode	
<b>Emergency</b> C	ontact Detai	ils												
Primary	Contact Name								Relatio	onship (e	.g. spous	e, Mother, et	tc)	
Emergency Contact														
oomaat	Address	Address												
	Suburb										State	e		Postcode
	Work Telephone Number Home Telephone Number									Mob	Mobile Telephone Number			
Secondary	Contact Name Relationship (e.g. spouse, Mother, etc)													
Emergency Contact														
	Address													
	Suburb										State	е		Postcode
	Work Telephone N	e Number Home Telephone Number						1	Mobile Telephone Number					