Personnel Information Form

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Please complete this form and	submit it using our details abo	ve	
Name			Date of Birth
Phone	Mobile	Email Address	
Address			Postcode
Primary Cultural Identity		Other Cultural Identity	
Primary Language		Other Languages	
Qualifications (including all post-secondary qualifications)			
Do you have any medical conditions we should be aware of?			
Emergency Contact Informatio	on		
Name		Relationship	Mobile
Name		Relationship	Mobile
Employee Information			
Position Title	Tax File Number	Commencement Date	Next Contract Expiry
Bank Account Information			
Name	BSB	Account Number	Branch
I agree that the information	above is true and correct		
Signature Date			

Please print-out and handwrite your signature if you can't complete the field above