

Information – Purpose and General Information

What is the purpose of the Board/Committee Information Pack?

The purpose of this pack is to collect the minimum information necessary to begin your employment (appointment?).

Information collected on this form is used by Shared Services on behalf of ACT Public Service agencies. Information collected will only be used for the purpose for which you gave it and will not be disclosed to any person, body or directorate except where required by law.

Fair Work Information Statements

Fair Work Information Statement

In accordance with provisions of the *Fair Work Act 2009*, all new employees must be provided with access to the Fair Work Information Statement. This document is available from:

<https://www.fairwork.gov.au/employee-entitlements/national-employment-standards/fair-work-information-statement>

Please take the time to read this document and understand your rights.

Information – Privacy Notice

Personal, sensitive, and personal health information ('personal information') that is collected and held by CMTEDD and Shared Services on behalf of ACTPS directorates, agencies and authorities will also be used and disclosed by your employing directorate. Your 'personal information' is also collected where required by legislation and is also protected by law including:

- *Information Privacy Act 2014* (Information Privacy Act);
- *Workplace Privacy Act 2011* (the *Workplace Privacy Act*),
- *Public Sector Management Act 1994* (the PSMA);
- *Safety, Rehabilitation and Compensation Act 1988* (Cth) (the SRC Act);
- *Fair Work Act 2009* (Cth) (the Fair Work Act);
- *Privacy Act 1988* (Cth); and
- *Work Health and Safety Act 2011* (the WHS Act).
- *Australian Crime Commission Act 2002*

When your 'personal information' is collected under the Information Privacy Act, and the Privacy Act (Cth), we must tell you about how we will handle it. More detailed information about how CMTEDD will handle your 'personal information', including the CMTEDD Privacy Notice, can be found on the [CMTEDD Information Privacy page](#).

Under the Workplace Privacy Act we are required to provide notice to all workers about the types of surveillance that may occur and how we handle that information, the [Workplace Privacy Policy Statement and Notice to Workers](#) is that notice.

It is important that you have read and understand these notices. Please contact the CMTEDD Privacy Contact Officer, CMTEDDPrivacy@act.gov.au or on 6207 8175 if you need more information.

Checklist

Complete all fields in the **My Information** part of this form.

Provide certified copies of the following documents:

Commencement Document | Such as Birth certificate, Australian Citizenship or Current Passport

Note: If providing an Australian Citizenship certificate as a commencement document proof of birth must also be provided.

Note: Without residency status, you can only be offered temporary or casual employment, in accordance with your Visa conditions.

Primary Document | Such as Marriage certificate, Driver's licence, or Proof of Age.

Two Secondary Document(s) | Such as Medicare card or Proof of Identity Card.

For further information on the required identity on, please go to:

<https://www.jobs.act.gov.au/how-we-hire/accept-your-offer/nationally-coordinated-criminal-history-check>

Proof of Qualifications or Registrations (if required)

Personal Details

Family Name (Legal Name)

Click or tap here to enter text.

Given Names (Legal Name)

Click or tap here to enter text.

Preferred Name

Click or tap here to enter text.

Previous Name(s)

Click or tap here to enter text.

Title

Click or tap here to enter text.

Date of Birth

Click or tap here to enter text.

Gender

Click or tap here to enter text.

Street Address

Click or tap here to enter text.

Suburb

Click or tap here to enter text.

State

Click or tap here to enter text.

Post Code

Click or tap here to enter text.

Email

Click or tap here to enter text.

Mobile Phone Number

Click or tap here to enter text.

Home Phone Number

Click or tap here to enter text.

Name of Emergency Contact

Click or tap here to enter text.

Emergency Contact Phone

Click or tap here to enter text.

Bank Account Details

Your salary will be paid into the account you specify here

Name of Financial Institution	Click or tap here to enter text.
Branch Number (BSB)	Click or tap here to enter text.
Branch Name	Click or tap here to enter text.
Account Number	Click or tap here to enter text.
Account Name	Click or tap here to enter text.

Tax file number declaration

Information you provide will help us determine how much tax to withhold from your pay. Further information is available at: <https://www.ato.gov.au/forms/tfn-declaration/>

Tax File Number Click or tap here to enter text.

OR

- I have made a separate application/enquiry to the ATO for a new or existing TFN
- I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax
- I am claiming an exemption because I am in receipt of a pension, benefit, or allowance

On what basis are you to be employed? (select only one)

- Full-time employment Part-Time employment Casual employment

Are you: (select only one)

- An Australian resident for tax purposes A foreign resident for tax purposes

Do you want to claim the tax-free threshold? Do not claim the tax-free threshold if you are currently claiming it from another payer unless your total income from all sources for the financial year will be less than the tax-free threshold.

- Yes No

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? If Yes, additional amounts will be withheld to cover any compulsory repayment that may be raised on your notice of assessment.

- Yes No

Do you want to claim a tax offset for invalid or invalid carer, zone or overseas forces or the seniors and pensioners tax offset entitlement? If Yes, complete a Withholding

declaration at <https://www.ato.gov.au/forms/withholding-declaration/> and email it to

HRsharedservices@act.gov.au

- Yes No

Superannuation

Commonwealth Superannuation Corporation (CSC) | PSSdb or CSS Existing members of either the PSSdb or CSS may be required to contribute to that fund. Shared Services will check your status with the CSC to determine your eligibility. PSSdb members may need to complete additional forms that will be provided by the CSC as part of reactivating an existing membership. See the [CSC website](#) for more details.

PSSap | As per legislative changes advised by Commonwealth Superannuation Corporation (CSC) effective 4 December 2017, PSSap members (excluding ancillary members) who have a preserved benefit or contributing account with an eligible designated employer, for a continuous period of at least 12 months, are eligible to reactive their membership. To have your PSSAP membership reactivated with ACT Government, you are required to provide your membership number below.

If you have a CSC managed Superannuation Fund (PSSdb, CSS Only) or are a member of PSSap please enter your AGS or member number:

Click or tap here to enter text.

OR

Standard Choice

Instructions for completing the following fields are available at:

<https://www.ato.gov.au/Forms/Superannuation-%28super%29-standard-choice-form/>

Where would you like your super contributions paid to (select one):

- The super fund nominated by my employer (Aware Super)
- My existing superannuation fund (Apra approved or Retirement Savings Account – RSA)
- My self-managed super fund (SMSF)

Fund ABN

Click or tap here to enter text.

Fund Name

Click or tap here to enter text.

Fund Email Address

Click or tap here to enter text.

Fund Address

Click or tap here to enter text.

Fund Phone

Click or tap here to enter text.

APRA or RSA funds Only (No BPAY available)

Unique Superannuation Identifier (USI)

Click or tap here to enter text.

Account Name (if applicable)

Click or tap here to enter text.

Member Number (if applicable)

Click or tap here to enter text.

Superannuation (Continued)

Self-Managed Super Funds Only (No BPAY Available)

Fund Electronic Service Address (ESA)	Click or tap here to enter text.
Fund Account BSB Code	Click or tap here to enter text.
Fund Account Number	Click or tap here to enter text.

Superannuation Guarantee – Employee Contribution Rate (Non-CSC funds only)

The ACT Government is required to pay a minimum of 11.5% (this contribution of 11.5% is based on your gross ordinary time earnings) into the fund of your choice. If you choose to contribute, per pay, an additional 3% or more into your fund (as a pre-tax or post-tax via ACT Govt payroll), the ACT Government will contribute a further 1% per pay, bringing the overall employer contribution to 12.5%.

The additional 1% government employer superannuation contribution does not apply to members of the CSS and PSSdb superannuation schemes. However, all ACT Government employees have the option to contribute employee superannuation contributions in pre-tax dollars through the ACT Government Salary Packaging Scheme. Note though that members of the CSS and PSSdb super schemes cannot salary package pre-tax superannuation to their respective CSS or PSSdb superannuation funds, but these members do have the option to salary package pre-tax superannuation contributions to an alternative compliant superannuation account.

Personal contribution Pre-Tax (Salary Packaging): \$ or % Click or tap here to enter text.

Personal Contribution Post-Tax: \$ or % Click or tap here to enter text.

Salary Packaging Benefits

Board/Committee members are eligible to participate in salary packaging.
 More information is available here: <https://www.jobs.act.gov.au/how-we-hire/accept-your-offer/boardcommittee-member-acceptance-pack>

Equity and Diversity Details (Optional)

The ACT Public Service collects information on Equal Employment Opportunity (EEO) groups for statistical purposes only. This information is used for reporting purposes and for the development of equity and diversity programs. All reporting is in the form of aggregate tables from which individual detail cannot be identified. Personal and sensitive information collected in this section will not be used for future employment or selection processes, and is collected on an 'opt-in' or voluntary basis:

Are you of Aboriginal and/or Torres Strait Islander origin?

Yes No

Were you born in Australia?

Yes No

If you were not born in Australia, in what year did you arrive?

Click or tap here to enter text.

Was English the first language you spoke?

Yes No

What was the first language you spoke?

Click or tap here to enter text.

Was English the first language spoken by your Mother?

Yes No

Was English the first language spoken by your Father?

Yes No

Are you a person with a disability?

Yes No

The term person with disability is used to describe a wide range of people with different impairments that may or may not affect how they do their job. A disability includes any limitation, restriction or impairment which has lasted, or is likely to last, for at least six months, and affects a person's capacity in some way. If Reasonable Adjustment would aid you in the workplace, please consider speaking to your supervisor or HR team.

Are you a former Australian Defence Force (ADF) member?

Yes No

Do you personally identify as lesbian, gay, bisexual, transgender, intersex or queer?

Yes No

Acknowledgment

I, , **acknowledge that:**

- I have read and understood the Workplace Privacy Policy.
- I have been given the opportunity to read and understand my entitlements as established under Commonwealth and ACT Law, specifically, the Fair Work Information Statement, Superannuation Standard Choice, and Superannuation Entitlements.
- The information I have provided on this form is true and correct.
- Any qualifications or proof of professional registration submitted with this application are genuine.

Signature: (type your name if emailing)

Date:

Request for Feedback

Please let us know at HRSharedServices@act.gov.au if you have any feedback on this form.

Directorate Delegate to Complete

Please also attach a copy of the Instrument or Letter of Appointment for this Member

Name of Board/Committee:

Position Number:

Note: if a position number has not been established your directorate must action a Position Management form.

Term of Appointment: to (specify dates)

Annual Salary/Per Diem: (Please specify \$ amount) \$

Yes No Mandatory check if applicant has current ACT Public Service employment. If yes, exemption must be sought from WCaG, CMTEDD.

I certify that the Board/Committee member has been engaged in accordance with the ACTPS Boards and Committees Handbook (CMTEDD Office) and the ACT Remuneration Tribunal Classification Guidelines and Remuneration determination (www.cmd.act.gov.au/governance/remtrib/determinations):

Delegate Name:

Title:

Signature:

Date:

Directorate:

Directorate Contact Officer:

Phone:

To avoid delays with processing, please ensure directorate contact officer details are provided.

Shared Services Recruitment Officer to Complete

Mandatory documents completed

AGS issued

Signature:

Date:

Forward Board/Committee Member Information Pack to Shared Services:

Scan and email: HRSharedServices@act.gov.au

Internal mail: HR Service Desk, GPO Box 158, Canberra ACT 2601