



Staff Change of Details Form

This form is to be completed by staff when their details change.
Please only complete the details that have changed.

Employee Name		Staff ID
Change of Employee Details		
Title	Family Name	Given Name
Position Title		Preferred Name
Residential Address		
Postal Address		
Home Phone		Mobile Phone
Email		
Citizenship: Are you an Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, - Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No - Do you have a Working Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date: - Any restrictions?		
Drivers Licence No		Drivers Licence Expiry Date
First Aid Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>		First Aid Certificate Expiry Date
New Qualifications Please complete if you have completed a new qualification		
Qualification Title	Institution / Training Provider	Year Completed
Change to Superannuation Fund Details		
Superannuation Fund		Membership Number
Change to Bank Account Details		
Name of Bank		Name on Account
BSB		Account Number
Change to Emergency Contact Details		
First Name		Last Name
Mobile Number		Relationship
Physical address (if different to above)		

I, confirm that the above information is correct.

Signature: _____

Date: _____

Office Use Only This section is to be completed by AIHE HR staff

File Updated by:		Date:	
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