

## MULTIFIX EMPLOYEE REGISTRATION FORM

Project: .....	Employer: .....
Date Employed: .....	

### PART A – PERSONAL DETAILS

First Name: .....	Surname: .....
Date of Birth: .....	
Address:.....	Suburb: .....
State:.....	Post Code: .....
Home Ph: .....	Mobile: .....
Fax: .....	Email: .....

### PART B – EMERGENCY CONTACT

Next of Kin: .....	Relationship to Employee: .....
Address:.....	Suburb: .....
State:.....	Post Code: .....
Home Ph: .....	Mobile: .....
Business Ph:.....	

### PART C – BANK DETAILS (FOR DIRECT PAYMENTS)

<u>Account</u>		
Account Name:.....	Name of Bank: .....	
BSB: _ _ _ _ _	Account No: .....	Amount: .....

### PART D – DETAILS

Tax File Number: _ _ _ _ _	
Trade Number: .....	
Blue Card: .....	Date: .....
<b><u>SUPERANNUATION SCHEME:</u></b>	
Our preferred choice is Buss Q	
<b><u>REDUNDANCY SCHEME:</u></b>	
Type: .....	Bert
Number: .....	Number: .....

**PART E – HEALTH INFORMATION**

First Aid Certificate Details: YES / NO      Company: .....      Expiry: .....

Medical Afflictions (impaired hearing etc.): .....

Allergic to Medication: YES / NO      Type: .....

Pre-existing Health Conditions: .....

Have you ever made a claim for workers compensation? YES / NO      Date: .....

Company: .....      PH: .....

Injury: .....

You may be required to complete a Drug & Alcohol test, and also a Medical.

**I am fully aware of my obligations under Workplace Health & Safety Legislation.      YES / NO**

**I am aware of Multifix Constructions Workplace Rules, Evacuation, and First Aid Procedures. YES / NO**

**Signature:.....**

**Date: .....**

**Induction carried out and form checked by:**

**Signature:.....**

**Date: .....**