

EMPLOYEE PERSONAL DETAILS FORM

SECTION 1 – STAFF MEMBER’S DETAILS			
ORG UNIT TITLE		FACULTY / DIVISION / CENTRE	
CAMPUS		PERSONNEL NUMBER	
TITLE	FAMILY NAME	GIVEN NAME(S)	
PREFERRED NAME(S)		PREVIOUS FAMILY NAME	
RESIDENTIAL ADDRESS		DATE OF BIRTH ___/___/____ (DD/MM/YYYY)	
POSTCODE		EMAIL ADDRESS	
TELEPHONE NO ___ - _____		MOBILE PHONE NUMBER _____	
GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>			
ARE YOU OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER DESCENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
COUNTRY OF BIRTH		NATIONALITY	
MAIN LANGUAGE SPOKEN AT HOME			
QUALIFICATIONS (If more than 3 qualifications are held, please provide details on a separate sheet and attach to this form)			
A. LEVEL OF QUALIFICATION: Doctorate <input type="checkbox"/> Masters by Research <input type="checkbox"/> Masters by Coursework <input type="checkbox"/> Bachelor <input type="checkbox"/> Other Post Graduate <input type="checkbox"/> Other <input type="checkbox"/>			
Course Name			
Educational establishment where qualification attained Monash University <input type="checkbox"/> Other Australian university <input type="checkbox"/> Other Australian Institution <input type="checkbox"/> Overseas educational institution <input type="checkbox"/>			
Name of institute where qualification was attained			
Country where qualification was attained		Date qualification conferred (DD/MM/YYYY) ___/___/____	
B. LEVEL OF QUALIFICATION: Doctorate <input type="checkbox"/> Masters by Research <input type="checkbox"/> Masters by Coursework <input type="checkbox"/> Bachelor <input type="checkbox"/> Other Post Graduate <input type="checkbox"/> Other <input type="checkbox"/>			
Course Name			
Educational establishment where qualification attained Monash University <input type="checkbox"/> Other Australian university <input type="checkbox"/> Other Australian Institution <input type="checkbox"/> Overseas educational institution <input type="checkbox"/>			
Name of institute where qualification was attained			
Country where qualification was attained		Date qualification conferred (DD/MM/YYYY) ___/___/____	
C. LEVEL OF QUALIFICATION: Doctorate <input type="checkbox"/> Masters by Research <input type="checkbox"/> Masters by Coursework <input type="checkbox"/> Bachelor <input type="checkbox"/> Other Post Graduate <input type="checkbox"/> Other <input type="checkbox"/>			
Course Name			
Educational establishment where qualification attained Monash University <input type="checkbox"/> Other Australian university <input type="checkbox"/> Other Australian Institution <input type="checkbox"/> Overseas educational institution <input type="checkbox"/>			
Name of institute where qualification was attained			
Country where qualification was attained		Date qualification conferred (DD/MM/YYYY) ___/___/____	
SECTION 2 – EMERGENCY CONTACT PERSON (Only complete if changed or not previously supplied)			
Name		Telephone No 1 ___ - _____	
Relationship		Telephone No 2 (optional) _____	
SECTION 3 – AUTHORISATION OF STAFF MEMBER			
Signature		Date ___/___/____	
FOR HR OPERATIONS USE ONLY			
Entered by	Date ___/___/____	Checked by	Date ___/___/____
FAXED COPIES OF THIS FORM WILL BE ACCEPTED (FAX NUMBER 9902 9530)			

For assistance, please contact HR Enquiries on 9902 0400

Please return completed form to HR Operations, Human Resources Division, Monash University, VIC, 3800

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