

# 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)			
<b>A. LEVEL OF QUALIFICATION:</b> 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>B. LEVEL OF QUALIFICATION:</b> 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>C. LEVEL OF QUALIFICATION:</b> 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, Monash HR, Monash University, VIC, 3800

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