



MOP(S) ACT EMPLOYEES

EMPLOYEE'S PERSONAL PARTICULARS

Returning your completed form Please complete this form digitally (handwritten forms will not be accepted) and email completed form to: MOPSpay&conditions@finance.gov.au Ministerial and Parliamentary Services		Enquiries: Ministerial and Parliamentary Services Email: MPShelp@finance.gov.au Phone: (02) 6215 3333
EMPLOYER DETAILS	Employer name	
	Employer state	
EMPLOYEE DETAILS	Title	Mr Mrs Mrs Ms Miss Other
Note : Proof of identity and birth date is required.	Last name	
bii tii date is required.	All given names	
	Preferred name (if different)	
	Previous names (by Deed Poll or marriage)	
	▶ Date of birth	AGS no. (if applicable)
	Place of birth (as it appears on birth certificate or extract)	Town/City State Country
		Australian Other
	Current security clearance	Department or Agency
		Clearance level Date
	► Home address	
		Postcode
	Work address	
		Postcode
	Preferred postal address	
	auuress	Postcode
Work Base — The work base nominated must be the office where the Employee will spend most of their time on duty.	Nominated Work Bas	e Electorate Parliament House Other
	Official .gov.au email address	
	Personal email address	
	Work phone number	Mobile number
PREVIOUS EMPLOYER (If moving between offices)	► Employer name	

DIVERSITY QUESTIONS	Do you identify your gender as:	Male Female Intersex/Unspecified Choose not to give this information
Note: Answering the diversity questions is optional. The information provided will be used to create de-identified statistics to measure the diversity of the MOP(S) employee workforce.	 Do you identify as an Indigenous person? Do you identify as a Culturally and Linguistically Diverse person? 	Indigenous Non-Indigenous Choose not to give this information Yes No Choose not to give this information
	What is your first language?	English only English and another language (please specify) Language other than English (please specify) Choose not to give this information
	What is your main non-English language?	Not applicable Aboriginal or Torres Strait Islander language (please specify) Other language (please specify) Choose not to give this information
	Does your mother speak another language other than English?	English only English and another language (please specify) Language other than English (please specify) Choose not to give this information

DIVERSITY QUESTIONS (CONTINUED)	Does your fa		sh only					
	language c	ther Engli	sh and er langu	12G0 -				
	than Englis		er langu se specif					
			uage oth English	ner				
			se specif	fy)				
			se not to Iformation					
	How well of speak Eng		nt all 🗌	Not w	vell W	Vell _	Very well	Choose not to give this information
)	Do you have a disability] [No 🗌	Choose this info			
	Do you hav a primary o responsibil	carer	De	ependent	Elder	rly 🗌	Person wit disability	h Choose not to give this information
	Do you ide as lesbian, bisexual, tra and/or inte or other?	gay, ans,			No 🗌		Choose n	ot to give this information
BANK DETAILS	► Give details	s of the accour	t you wa	ant your s	salary paid	to:		
DAIN DETAILS		ancial institutio						
	Branch							
	Branch num	iber (BSB)						
	Account nur	mber						
 ▶ Give details of the account you Name of financial institution Branch Branch number (BSB) Account number 		of the account	you wan	t your Tra	vel Allowa	ance pa	aid to (if same	as above, write 'as above')
		ber (BSB)						
		mber						
Automotic foutcields doductions		Tovotion				Ch		
Automatic fortnightly deductions Facility exists for automatic fortnigh to be made to most medical funds, companies and financial institutions unions, building societies and banks deductions may be commenced or time at your written request. The manumber of deductions to financial in	tly deductions life insurance (i.e. credit). Any of these varied at any aximum	Taxation Tax is deducted specified in the lf a tax file numl of commencem you have requebe deducted at	Tax file nu per is not pent, and the ent, and the	mber Decla provided winere is no intakent tax file num	aration form. ithin 28 days ndication that aber, tax will	Sho pro for at MF	ovided on this for	es occur in any of the details orm, please complete a new Staff Help Desk at ce.gov.au

EMPLOYEES ON	Are you a current employee	ee No, I am not employed by a Commonwealth government agency					
LEAVE WITHOUT PAY FROM THE AUSTRALIAN PUBLIC SERVICE (APS)	of the Australian Public Service (a Commonwealth Government agency)?	Yes, I am currently employed by a Corgovernment agency	mmonwealth				
		If yes:					
		▶ Please provide details					
		of your APS Department/agency					
		Are you on approved Yes leave-without-pay from your home agency?	No 🗌				
		If yes:					
		Please provide the dates o leave-without-pay from the					
		Start date:	End date:				
		▶ Please provide Contact nam	no.				
		the contact Fmail:	IC.				
		details of your HR/payroll area Phone:					
		Other:					
PREVIOUS PUBLIC SECTOR EMPLOYMENT	Parliament (Staff) Act 1984, sta	ector employment, including any employm rting from the most recent that you may w insufficient space, please attach a separat	rish to use in support of a claim				
	Employer		Period of employment				
	. ,		From				
		<u> </u>	То				
			From				
			То				
			From				
			То				
responsible for providing MaPS with		accepted for long service leave and other entitle prior service. A 'prior service kit' is available on files/2019-08/prior_service_kit.pdf					
CICNATURE	By signing this form, I acknowle	dge that:					
SIGNATURE	, , ,	giving false or misleading information is a s	serious offence under the				
		he Privacy Collection Notice (see below).					
			Date				
	Signature of Employee		/ /				
	Pleas	se complete this form digitally (handwritten forms	s will not be accepted) and email				

Privacy Collection Notice

Consistent with the Privacy Act 1988, the Department of Finance (Finance) uses and discloses personal information provided in this form to facilitate the administration of the parliamentary business resources framework and for employment purposes, including to facilitate the management of incidents or complaints arising from employment. Personal and sensitive information may be disclosed to the employing Parliamentarian, the Independent Parliamentary Expenses Authority (IPEA), the Department of Parliamentary Services, the Parliamentary Workplace Support Service (PWSS), or as otherwise authorised or required by law. Details of the related expenditure may be tabled in Parliament, published on Finance's website, or provided to the Special Minister of State, IPEA, or publicly, as authorised or required by law. More information is available at https://maps.finance.gov.au/maps-privacy-statement.

completed form to MOPSpay&conditions@finance.gov.au

If you have chosen to provide it, this form also includes information about your diversity-related indicators, including whether you identify as Indigenous, CALD, LGBTQI, or having a disability or caring responsibilities. This information will be used for staff management and planning purposes, including for research, evaluation and monitoring purposes. However, any reports or responses to enquiries for this information will only be provided by Finance on an aggregated and de-identified basis, unless disclosure is otherwise permitted by the Privacy Act. More information is available at https://maps.finance.gov.au/maps-privacy-statement.