



MOP(S) ACT EMPLOYEES

EMPLOYEE'S PERSONAL PARTICULARS

<p>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</p>	<p>Enquiries: Ministerial and Parliamentary Services Email: MPShelp@finance.gov.au Phone: (02) 6215 3333</p>
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EMPLOYER DETAILS	▶ Employer name	<input style="width: 100%;" type="text"/>
	▶ Employer state	<input style="width: 100%;" type="text"/>

EMPLOYEE DETAILS	▶ Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input style="width: 50px;" type="text"/>
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Note: Proof of identity and birth date is required.

▶ Last name	<input style="width: 100%;" type="text"/>	
▶ All given names	<input style="width: 100%;" type="text"/>	
▶ Preferred name (if different)	<input style="width: 100%;" type="text"/>	
▶ Previous names (by Deed Poll or marriage)	<input style="width: 100%;" type="text"/>	
▶ Date of birth	<input style="width: 150px;" type="text"/>	AGS no. (if applicable) <input style="width: 150px;" type="text"/>
▶ Place of birth (as it appears on birth certificate or extract)	Town/City	State
	Country	
	<input style="width: 100%;" type="text"/>	
▶ Citizenship	Australian <input type="checkbox"/> Other <input type="checkbox"/> <input style="width: 100px;" type="text"/>	
▶ Current security clearance	Department or Agency	
	Clearance level	Date
	<input style="width: 100%;" type="text"/>	
▶ Home address	<input style="width: 100%;" type="text"/>	
	Postcode	
▶ Work address	<input style="width: 100%;" type="text"/>	
	Postcode	
▶ Preferred postal address	<input style="width: 100%;" type="text"/>	
	Postcode	

Work Base — The work base nominated must be the office where the Employee will spend most of their time on duty.

▶ Nominated Work Base	Electorate <input type="checkbox"/> Parliament House <input type="checkbox"/> Other <input type="checkbox"/> <input style="width: 100px;" type="text"/>
▶ Official .gov.au email address	<input style="width: 100%;" type="text"/>
▶ Personal email address	<input style="width: 100%;" type="text"/>
▶ Work phone number	<input style="width: 150px;" type="text"/> Mobile number <input style="width: 150px;" type="text"/>

PREVIOUS EMPLOYER (If moving between offices)	▶ Employer name	<input style="width: 100%;" type="text"/>
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DIVERSITY QUESTIONS

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 your gender as: Male Female Intersex / Unspecified Choose not to give this information

- ▶ Do you identify as an Indigenous person? Indigenous Non-Indigenous Choose not to give this information

- ▶ Do you identify as a Culturally and Linguistically Diverse person? 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 father 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
- ▶ How well do you speak English? Not at all Not well Well Very well Choose not to give this information
- ▶ Do you have a disability? Yes No Choose not to give this information
- ▶ Do you have a primary carer responsibility? Child Dependent Elderly Person with disability Choose not to give this information
- ▶ Do you identify as lesbian, gay, bisexual, trans, and/or intersex or other? Yes No Choose not to give this information

BANK DETAILS

- ▶ Give details of the account you want your salary paid to:
- Name of financial institution
- Branch
- Branch number (BSB)
- Account number
- ▶ Give details of the account you want your **Travel Allowance** paid to *(if same as above, write 'as above')*
- Name of financial institution
- Branch
- Branch number (BSB)
- Account number

<p>Automatic fortnightly deductions</p> <p>Facility exists for automatic fortnightly deductions to be made to most medical funds, life insurance companies and financial institutions (i.e. credit unions, building societies and banks). Any of these deductions may be commenced or varied at any time at your written request. The maximum number of deductions to financial institutions is 6.</p>	<p>Taxation</p> <p>Tax is deducted on a fortnightly basis at the rate specified in the Tax file number Declaration form. If a tax file number is not provided within 28 days of commencement, and there is no indication that you have requested your tax file number, tax will be deducted at the highest marginal tax rate.</p>	<p>Changes</p> <p>Should any changes occur in any of the details provided on this form, please complete a new form or email the Staff Help Desk at MPShelp@finance.gov.au</p>
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EMPLOYEES ON LEAVE WITHOUT PAY FROM THE AUSTRALIAN PUBLIC SERVICE (APS)

▶ Are you a **current** employee of the Australian Public Service (a Commonwealth Government agency)?

No, I am not employed by a Commonwealth government agency

Yes, I am currently employed by a Commonwealth government agency

▶ If yes:

▶ Please provide details of your APS Department/agency

▶ Are you on approved leave-without-pay from your home agency? Yes No

▶ If yes:

▶ Please provide the dates of your approved leave-without-pay from the APS

Start date: End date:

▶ Please provide the contact details of your HR/payroll area

Contact name:

Email:

Phone:

Other:

PREVIOUS PUBLIC SECTOR EMPLOYMENT

▶ Give details of previous public sector employment, including any employment under the *Members of Parliament (Staff) Act 1984*, starting from the most recent that you may wish to use in support of a claim for prior service recognition. *(If insufficient space, please attach a separate sheet).*

Employer	Period of employment	
	From	To
	From	To
	From	To
	From	To

Periods of prior Australian Government or state government service may be accepted for long service leave and other entitlements. The employee is responsible for providing MaPS with documentary evidence to support such prior service. A 'prior service kit' is available on the Ministerial and Parliamentary Services website at https://maps.finance.gov.au/sites/default/files/2019-08/prior_service_kit.pdf

SIGNATURE

▶ By signing this form, I acknowledge that:

- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
- I have read and understood the Privacy Collection Notice (see below).

Signature of Employee

Date

Please complete this form digitally (handwritten forms will not be accepted) and email completed form to MOPSpay&conditions@finance.gov.au

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>.

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>.