MOP(S) ACT EMPLOYEES

EMPLOYEE'S PERSONAL PARTICULARS

Returning your completed form Scan and email this form (handwritten forms will not be accepted) to: MOPSPayConditions@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

Note: Proof of identity and birth date is required.

- Title — Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐
- Last name
- 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
- Citizenship — Australian ☐ Other ☐
- Current security clearance — Department or Agency; Clearance level Select; Date
- Home address — Postcode
- Work address — Postcode
- Preferred postal address — 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 ☐ 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

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 _____

Automatic fortnightly deductions	**Taxation**	**Changes**
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.	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.	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

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

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/forms/recognition-prior-service

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 MOPSPayConditions@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.