



CONFIDENTIAL STAFF PERSONAL/MEDICAL DETAILS

The following information is collected to allow us keep up to date staffing records and to act effectively in case on an emergency. This information will be kept on your staff file and, in some cases, electronically on the Staff Database and for CECV data entry.

Please return this form to the College in a sealed enveloped marked Attention to the Principal's Personal Assistant.

PERSONAL DETAILS

TITLE:		SURNAME:	
FIRST NAME:		SECOND NAME:	
PREFERRED NAME:		PREVIOUS SURNAME:	
STREET ADDRESS:			
POSTAL ADDRESS:			
TELEPHONE:	H:	M:	
EMAIL:	<i>Please note that this email address may be used to contact you regarding essential Online Occupational Health & Safety Training.</i>		
DATE OF BIRTH:			
COUNTRY OF BIRTH:			
AUSTRALIAN CITIZEN:			
INDIGENOUS:			
RELIGION:			
CRIMINAL RECORD CHECK DATE: (for non-teaching staff)			
WORKING WITH CHILDREN CARD EXPIRY: (for teaching & non-teaching staff)			

EMERGENCY CONTACT DETAILS

EMERGENCY A NAME:			
TELEPHONE:	H:	M:	
RELATIONSHIP:			

EMERGENCY B NAME:			
TELEPHONE:	H:	M:	
RELATIONSHIP:			

MEDICAL DETAILS

DOCTOR:	
TELEPHONE:	
MEDICARE NO:	
AMBULANCE MEMBER:	
PRIVATE HEALTH FUND:	

MEDICAL CONDITIONS

MEDICATIONS

OTHER EMERGENCY INFORMATION

QUALIFICATIONS

QUALIFICATION LEVEL:	
CATHOLIC INSTITUTION:	Y N (please circle)
ACADEMIC INSTITUTION LOCATION:	
ACADEMIC INTSITUTION TYPE:	
ACADEMIC INSTITUTION NAME:	
YEARS TO COMPLETE QUALIFICATION: (full time equivalent)	
FIELD OF STUDY:	
YEAR COMPLETED: (or expected year of completion)	
MAJOR:	

QUALIFICATION LEVEL:	
CATHOLIC INSTITUTION:	Y N (please circle)
ACADEMIC INSTITUTION LOCATION:	
ACADEMIC INTSITUTION TYPE:	
ACADEMIC INSTITUTION NAME:	
YEARS TO COMPLETE QUALIFICATION: (full time equivalent)	
FIELD OF STUDY:	
YEAR COMPLETED: (or expected year of completion)	
MAJOR:	

QUALIFICATION LEVEL:	
CATHOLIC INSTITUTION:	Y N (please circle)
ACADEMIC INSTITUTION LOCATION:	
ACADEMIC INTSITUTION TYPE:	
ACADEMIC INSTITUTION NAME:	
YEARS TO COMPLETE QUALIFICATION: (full time equivalent)	
FIELD OF STUDY:	
YEAR COMPLETED: (or expected year of completion)	
MAJOR:	

TEACHING DETAILS:

FIRST YEAR OF TEACHING:	YES NO
TEACHING LEVELS:	
TEACHING SPECIALITIES:	
VIT REGISTRATION NO:	