



Section 5 ADDITIONAL INFORMATION		
Does this appointee require a Working With Children Check?	YES/NO	
If yes, a certified copy of the Working with Children Check Card <b>must</b> be attached. The Card number and expiry date must be legible. Further information on the Working with Children Check is available at <a href="http://www.latrobe.edu.au/hr/recruitment/working-with-children/">http://www.latrobe.edu.au/hr/recruitment/working-with-children/</a>		
Do you have another appointment or consultancy with La Trobe University?	YES/NO	
Section 6 BANK DETAILS		
<b>DECLARATION:</b> I request that any sum due to me from La Trobe University for salary or wages be paid into my bank account as detailed hereunder. <i>Please check these numbers with your financial institution to avoid delays in payments.</i>		
Name of financial institution:	Branch location:	
BSB Number: (6 digits:        -----        -----)	Account Number: (9 digits max)        -----        -----        -----	
Section 7 VISA INFORMATION		
Please tick the appropriate working status		
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident or New Zealand Citizen <input type="checkbox"/> Temporary Visa		
Complete the following section if you ticked Temporary Visa The School must sight the work permit and attach a copy of the Entry Visa to this form		
Visa type:	Visa Classification:	
Visa Number:	Expiry Date:	
Section 8 TAXATION DETAILS		
Please ensure that each Offer of Casual Employment is forwarded with a completed Tax File Number Declaration form and a Withholding Declaration (if applicable). If this is not completed, or the tax file number is not supplied you will be taxed at the highest marginal rate. <b>If you are a current employee a further Tax File Declaration will not be required unless you wish to change your taxation details.</b>		
TFN Declaration Attached	YES/NO	
Section 9 AGREEMENT		
1. I accept this offer of employment. 2. I declare that I have received and read the Information Sheet for Casual Employees regarding regulations of employment. 3. I understand that my employment with La Trobe University cannot be construed as a fixed term contract of employment, that the estimated hours may vary from time to time and that La Trobe University is not under any obligation, express or implied, to offer me any further employment. 4. I have disclosed all other employment and or consultancy agreements that I currently hold with La Trobe University and I am not subject to employment restrictions. 5. I understand and accept that during my employment with the University I will be subject to the La Trobe University Enterprise Bargaining Agreement 2004-2008 and any and all other certified agreements or industrial awards that would otherwise apply to my employment with the University. This can be found at <a href="http://www.latrobe.edu.au/hr/eba/latrobe-eba-04-08.pdf">http://www.latrobe.edu.au/hr/eba/latrobe-eba-04-08.pdf</a> 6. I understand and accept that during my employment with the University I will be subject to University Policies and the various Statutes, Regulations, Code of Conduct and other codes of the University as they apply from time to time and that adherence to those Policies, Statutes, Regulations, and Codes are a condition of my employment. I confirm I have looked at the information on the web on Staff Orientation at <a href="http://www.latrobe.edu.au/hr/stafforientation/">http://www.latrobe.edu.au/hr/stafforientation/</a> 7. I am bound by the University's policy on Intellectual Property. 8. I understand that the University may terminate this employment on one hour's notice. 9. I understand that if my casual employment requires me to have a valid Working with Children Check, it is my responsibility to advise the Justice Department of any change in my employment. The Change of Personal Details form can be found at - <a href="http://www.justice.vic.gov.au/wps/wcm/connect/Working+With+Children/Home/Maintaining+Your+Check/WWCC+-+Change+of+Personal+Details+Form+%28PDF%29">http://www.justice.vic.gov.au/wps/wcm/connect/Working+With+Children/Home/Maintaining+Your+Check/WWCC+-+Change+of+Personal+Details+Form+%28PDF%29</a>		
Employee Name – please print	Employee Signature	Date
Section 10 APPROVAL		
I certify that funds are within the total approved for this cost centre and fund. I confirm that this appointment is in accordance with the definition of casual employment as defined in the Information Sheet for Managers and Administrators relating to the Engagement of Casual Staff Members. As Head of School or equivalent I have read the conditions of employment in regard to casual employment and state that this contract complies with the rules and regulations of the University as set out in the Human Resources Manual.		
Supervisor Name – please print	Supervisor Signature	Date
Approver Name (Head of School or equivalent)	Approver Signature	Date
Section 11 HUMAN RESOURCES USE ONLY		
Prepared by:	Date:	