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|  | *Please return to:*Swimming and Aquatics UnitGPO Box 1604Adelaide SA 5001Ph: (08) 8226 1302 Fax: 8115 5558 | VL779 |
| Clerk Code |
|      |
|  |  |  |  |

**NEW EDU Swimming & Aquatics INSTRUCTOR**

**- CONFIDENTIAL-**

Note: New employees must also forward a completed Tax File Number Declaration Form (as required by the Australian Taxation Office). Tax File Number Declaration Forms can be obtained from any Australia Post Office or the ATO website ([www.ato.gov.au](http://www.ato.gov.au)).

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| **1. PERSON DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name(s) |  |
|
|  |
| Preferred Name |  | Gender |  | Date of Birth |  |  |  |
|  |  |  |  |  |  |
| ContactNumber |
| Start Date  |  |  |  | If previously employed by the SA Government, please provide your Employee ID number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **2. ADDRESS** |

|  |  |  |  |
| --- | --- | --- | --- |
| Address  |  |  |        |
|  |  |  |  |
| E.g. Postal, Residential, Vacation, etc |       | Postcode |      |
|  |  |  |  |
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| --- |
| **3a. LOCATION DETAILS** |

CentreNo.

|  |  |
| --- | --- |
| Swim/Aquatic Centre: |       |
|   |

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|  **3b. PREFERRED CENTRES TO WORK AT –** refer to Swimming & Aquatics website for list of centres  |
|  Swim/Aquatic Centre #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Swim/Aquatic Centre #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Swim/Aquatic Centre #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **4. DETAILS OF APPROVED FINANCIAL INSTITUTION ACCOUNT** |
| Please enter the Bank/State/Branch number of the Institution in the space provided.  |
|  |
| **Effective from pay period ending:** |
|  |    |    |    |  |
|  |  |  |  |  |  |
| **Bank Account Details:** |
| Financial Institution  |       |
|  |
| BSB Number |  | Branch |       |
|  |  |  |  |  |  |
|  |
| Account Number |  | Account Name |       |
|  |  |  |  |  |  |  |  |  |
|  |  |
| Employee Signature |            Date Signature |

## OPTIONAL – DECD employees may nominate up to three accounts to disburse net pay across by completing a VL628

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| **5. Tax File Number Declaration** |
| Please indicate that you have attached a completed Tax File Declaration form **[ ]  YES** **[ ]  NO** |

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| OFFICE USE ONLY |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Entered into Valeo on |  |    | / |    | / |      | PERSON ID |       | Filed in Personal File | [ ]  |
|  |  |  |  |  |  |  |  |
|  |
| Please Print Name |  | Signature |  |
|  |
| Position  |  | Date |    | / |    | / |      |  |
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**NOTES ON COMPLETION OF VL779 FORM**

1. This information will be kept confidentially and will be available only to EDUCATION HRM Officers who are employed subject to signing a confidentiality clause.
2. This advice is to be used to notify Payroll Services of Bank/Financial Institution account details for the direct deposit of net pay for ***new*** instructors only.