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

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

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| Address | |  | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| E.g. Postal, Residential, Vacation, etc | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Postcode |  |
|  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| |  | | --- | | **3a. LOCATION DETAILS** |   Centre  No.   |  |  | | --- | --- | | Swim/Aquatic Centre: |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. DETAILS OF APPROVED FINANCIAL INSTITUTION ACCOUNT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please enter the Bank/State/Branch number of the Institution in the space provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Effective from pay period ending:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Bank Account Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Institution | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BSB Number | | | |  | | | | | | | | | | | | | | | | | | | | | | Branch | | | | |  | | | | |
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| 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 |

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| Entered into Valeo on |  |  | / |  | / |  | PERSON ID | |  | | | | | | | | | | | | Filed in Personal File | |  |
|  |  |  | |  | |  | |  | |  | |  |
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| 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.