

# Expressions of interest: Assisted Travel Support Officer

**Equal Employment Opportunity (EEO)** - The Department of Education promotes workplace diversity and equal employment opportunity. Successful ATSO applicants are expected to work as part of a team with their driver, whatever their background and regardless of whether they are male or female. ASTP's priority is to get students to and from school safely and reliably, and cannot allocate ATSOs to transport runs based on their personal beliefs or preferences.

## How to apply

Thank you for your interest in becoming an Assisted Travel Support Officer (ATSO). Please complete the following information so that we can place you on our list of available ATSOs.

1. Obtain a Working With Children Check (WWCC) number from <https://www.ocg.nsw.gov.au/>
2. Complete the free anaphylaxis e-training for schools and childcare workers at <https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>. Save a copy of the certificate when finished and attach a copy with this form.
3. Obtain a tax file number declaration online via myGov ATO Online Services, following the instructions at <https://www.ato.gov.au/forms/tfn-declaration/>. Attach a digital copy of the declaration with this form.
4. Email this completed form and attach all supporting documents to [atso.astp@det.nsw.edu.au](mailto:atso.astp@det.nsw.edu.au)

## Personal information

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Previous name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_ Town of birth: \_\_\_\_\_

Do you identify as Aboriginal and/or Torres Strait Islander?  No  Prefer not to say

Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

Gender: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Email: \_\_\_\_\_

WWCC number: \_\_\_\_\_ WWCC expiry date: \_\_\_\_\_

Tax File Number (TFN): \_\_\_\_\_

Are you current in providing first aid, or believe to have the capacity to complete a first aid course?

Yes  No

How did you find out about us? \_\_\_\_\_

## Emergency contacts

### Emergency contact 1

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Emergency contact 2

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Work preferences

Please tick (☒) the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>				
PM	<input type="checkbox"/>				

If you have a preference to work for a specific school(s), please provide the details below:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

If you have a preference to work for a specific contractor, please provide the details below:

Contractor name: \_\_\_\_\_

Run number: \_\_\_\_\_ Transport area: \_\_\_\_\_

## Document checklist

Your application will not be processed until all the following documents are received.

- [Personal and bank account details form](#)
- [Tax file number declaration \(digital copy\)](#)
- [Superannuation \(super\) standard choice form](#)
- WWCC confirmation letter
- [Declaration for child-related work: nationally coordinated criminal history check](#)
- [Nationally coordinated criminal history check: application and informed consent form](#)
- Four identity documents (as outlined on [page 2 of the NCCHC form](#))
- Anaphylaxis e-training certificate (not required to be signed by a supervisor for this application)
- First aid certificate (optional)

## Declaration

I declare that:

- all the information provided in this application is, to the best of my knowledge, true and correct
- I have read and understood the [Department of Education Code of Conduct](#)
- I have read and understood the [Responding to Allegations Against Employees in the Area of Child Protection and Child protection – NSW Ombudsman](#)
- I have read and abide by the department's child protection policies:
  - [Child Protection Policy: Responding to and reporting students at risk of harm](#)
  - [Child Protection: Allegations Against Employees](#)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

# DECLARATION FOR CHILD-RELATED WORKERS

## Implementation document for the Working with Children Check policy

This declaration is to be completed by current and prospective employees, contractors, volunteers, and other persons seeking to be engaged in child-related work. Child-related work is work that:

- involves direct contact (face-to-face, online or physical) with people under the age of 18, where this contact is a usual part of, and more than incidental to, the work

OR

- has been determined to be child-related by the NSW Department of Education (the department).

Individuals who are exempt from the Working with Children Check (WWCC) requirement should complete all relevant sections in this form, including part 1, part 3 and part 4 (section C).

### Reason for completing this form

- I am seeking to be engaged in child-related work with the NSW Department of Education as an employee or contractor
- I am currently employed with the department and am being appointed to a new position/role or require a probity check to continue working in my current role
- I am a parent, guardian, or close relative of a student at the school where I am volunteering or am considered an exempt person under the Child Protection (Working with Children) Act 2012
- I am a volunteer who is not the parent, guardian or close relative of a student at the school I am volunteering.

<b>Part 1 – Applicant details</b>			
<b>Family name</b>			
<b>Given name(s)</b>			
<b>Previous name(s)</b>			
<b>Date of birth</b>			
<b>Gender (please tick)</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Unspecified <input type="checkbox"/>
<b>Town/City of birth</b>			
<b>State of birth (AUS only)</b>			
<b>Country of birth</b>			
<b>Country of citizenship</b>			
<b>Street address</b>			
<b>Town/suburb</b>		<b>Postcode</b>	
<b>State</b>			
<b>Email</b>			
<b>Telephone</b>			
<b>Employee ID number (if known)</b>			

<b>Part 2 – WWCC details</b>	
<b>WWCC number</b>	
<b>Name on WWCC clearance</b>	
<b>WWCC expiry date</b>	

<b>Part 3 – Identity documents (volunteers and contractors)</b>		
Complete this section if you are a volunteer or contractor. You must present one form of government-issued photo ID showing full name, date of birth and current address. Include details of your ID below. For further information see the <a href="#">WWCC Guide to Identity Documents</a> . Not applicable to Duke of Edinburgh's International Award volunteers.		
<b>ID document name</b>	<b>Issuing agency</b>	<b>Reference number</b>

#### Part 4 – Declaration

Read this declaration form before signing it. Place a tick in either section A, B or C as applicable to your circumstances.

**Note:** For positions that require a criminal history check, or for any application where section 'B' has been ticked, you must also complete the [Nationally Coordinated Criminal History Check \(NCCHC\) Application and Informed Consent Form](#) and provide four (4) specified identity documents (as specified on page 2 of the NCCHC form).

<b>Section A</b>	
<input type="checkbox"/>	I declare that: <ol style="list-style-type: none"><li>1. I have no criminal convictions within the meaning of the Criminal Records Act 1991. I understand that 'conviction' defined in the Act includes a conviction whether summary or on indictment, for an offence, and includes a finding or order that an offence has been proved, or that a person is guilty of an offence, without proceeding to a conviction</li><li>2. I have no criminal convictions that cannot become spent within the meaning of the Criminal Records Act 1991 including, but not limited to convictions for which a prison sentence of more than six months has been imposed or convictions of sexual offences</li><li>3. I am not subject to any pending court proceedings relating to a criminal matter in Australia or overseas</li><li>4. I am not, and have never been, subject to any allegations or charges of a criminal matter in Australia or overseas</li></ol>
<b>Section B</b>	
<input type="checkbox"/>	Complete this section if you are unable to make the relevant declaration in section A. I declare that: <ol style="list-style-type: none"><li>1. I am unable to make the declaration in section A</li><li>2. I have completed the <a href="#">Nationally Coordinated Criminal History Check (NCCHC) Application and Informed Consent Form</a> and understand that my employment or engagement will be subject to a national criminal history check to determine my suitability for employment or engagement.</li></ol> <p><b>Note:</b> The department's probity unit will conduct screening for these applicants. The probity unit may contact the applicant for further information about the applicant's criminal history from the Nationally Coordinated Criminal History Check (NCCHC) to determine their suitability for employment.</p>

**Part 4 – Declaration (continued)****Section C**

<input type="checkbox"/>	<p>Complete this section if you will be engaged in a child-related role but are <a href="#">exempt from the requirement</a> to hold a Working with Children Check (WWCC) clearance under the Child Protection (Working with Children) Regulation 2013 at the time of the making of this declaration.</p> <p>1. I am not a disqualified person within the meaning of Section 18 of the NSW Child Protection (Working with Children) Act 2012</p> <p>2. I have not had a Working with Children Check cancelled, refused nor am I subject to an interim bar on engaging in child-related work under the Child Protection (Working with Children) Act 2012 (this declaration may be made if a clearance was subsequently granted to you, a clearance was surrendered by you or the cancellation was overturned on review)</p> <p>3. I have not been convicted of an offence, or subject to a finding of guilt for an offence or a finding that the charge for an offence is proven, where the offence was committed as an adult in NSW or elsewhere and was an offence of the kind set out in the list of offences on page 6 of this declaration</p> <p>4. I am not, and have never been, subject to any allegations or charges of the kind set out in the list of offences on page 6 of this declaration and any other criminal matters in Australia or overseas.</p> <p>5. I am not, and have never been, subject to any disciplinary action or findings of misconduct from a previous employer or other agency</p> <p>6. I undertake, as a condition of my continuing to perform work (including volunteering) for _____ School/business area, that I will notify them of:</p> <p>i) the cancellation, refusal to be granted or imposition of an interim bar of any clearance I may hold under the NSW Child Protection (Working with Children) Act 2012 that would prevent me from engaging in child-related work that requires a Working with Children Check clearance</p> <p>• any allegations, charges or conviction imposed on me for an offence, or finding that I am guilty of an offence, or finding that the charge for an offence against me is proven, where the offence is of the kind referred to on page 6.</p>
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	<b>False and misleading information</b>
<input type="checkbox"/>	<p>I am aware that providing false or misleading information in either sections A, B or C in this document may lead to the department:</p> <ul style="list-style-type: none"><li>• withdrawing any offer of employment or engagement it has made to me; or</li><li>• terminating my employment or engagement, or taking disciplinary action which may include my dismissal; and</li><li>• to consider any false or misleading information I provide, when considering any future applications by me for employment or engagement.</li></ul>

Signed

Print name

Date

## FOR OFFICE USE ONLY

Only to be completed for volunteers and contractors.

To be completed by authorised NSW Department of Education (DoE) officer, or an authorised delegate of that officer. Authorised delegates checking the declaration and ID are identified in the department's Working with Children Check Procedure.

Is this application for a Duke of Edinburgh's International Award Volunteer?

Yes  
 No

I, (name)

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Role

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Location

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Have checked and verified the applicant:

has completed and signed this declaration form correctly  
 has presented photo ID to verify their identity – matched  
 is **not** included on the NTBE database (via eCPC Person Search)  
 (if relevant) has an existing employee ID number in eCPC and a current, verified WWCC clearance: \_\_\_\_\_

Signed

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Print name

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Date

### Privacy statement

The department will use your personal information collected on this declaration document to manage risk associated with its legal obligations to ensure the protection of children and young persons in its care and for purposes directly related to your employment or engagement with the department.

The department will use this information to verify your identity and Working with Children Check (WWCC) clearance and to check the department's business systems, including eCPC and the database of persons Not to be Employed (NTBE), to ensure that there is no barrier to engaging the person.

All information you provide will be used, disclosed and stored consistent with the NSW privacy and other relevant law. The completed declaration form will be filed by the school/business area in secure storage for 7 years from date of inactivity and then destroyed. You may request access to this information from the school or business centre at which it is held. The department will not disclose the information to another agency or person unless required or authorised by law.

If you fail to provide all the information requested in this declaration the department may decline your request for engagement or employment.

## List of offences

The following list is consistent with the offences outlined in the Child Protection (Working with Children) Act 2012 and is not an exact copy. For a detailed list of disqualifying offences, please refer to the [Schedule 2 of the Child Protection \(Working with Children\) Act 2012](#).

As referred to on page 3 in section C of the declaration:

- a. sexual assault or intercourse offence
- b. the common law offence of rape or attempted rape
- c. an indecent assault offence
- d. a sexual servitude offence
- e. observing a person engaged in a private act, for the purpose of obtaining sexual arousal or sexual gratification (voyeurism)
- f. filming another person engaged in a private act or filming another person's private parts, for the purpose of obtaining, or enabling another person to obtain, sexual arousal or sexual gratification
- g. installing a device, or constructing or adapting the fabric of a building, for the purpose of facilitating the observation or filming of a child, with the intention of enabling any person to commit an offence referred to at (d)-(e) above
- h. murder
- i. manslaughter of a child (other than as a result of a motor vehicle accident)
- j. intentional wounding or causing grievous bodily harm to a child who was three or more years younger than me
- k. a child prostitution offence
- l. an offence involving an act of indecency with or towards a child
- m. procuring or grooming a child under 16 years of age for unlawful sexual activity
- n. using a child for the production of child abuse material, or producing, disseminating, possessing or importing child abuse material
- o. possessing or importing child pornography
- p. offences relating to the use of a postal or similar service for child pornography material or child abuse material
- q. offences relating to the use of a postal or similar service involving sexual activity with a child under 16
- r. publishing indecent articles
- s. an offence of kidnapping a child, unless a parent or carer of the child at the time of the offence
- t. a forced labour or deceptive recruiting for labour or services offence, where the victim was a child
- u. intentional or reckless infliction of grievous bodily harm on a child, during or after the delivery of the child
- v. intentionally abandoning or exposing a child under the age of seven
- w. bestiality
- x. an offence an element of which is an intention to commit one of the above offences or
- y. an offence of attempting, or of conspiracy or incitement, to commit one of the above offences or
- z. an offence under a law of another state or a territory, the Commonwealth or a foreign jurisdiction that, if committed in New South Wales, would constitute an offence listed in this clause.

## Information about this form

### Terms used in this form

<b>Nationally Coordinated Criminal History Check (NCCHC)</b>	Describes both the checking process undertaken, and the result received by the Accredited Body
<b>You/the Applicant</b>	Individual seeking a Nationally Coordinated Criminal History Check.
<b>Accredited Body</b>	Organisation accredited with the ACIC and responsible for submitting your Nationally Coordinated Criminal History Check.
<b>Australian Criminal Intelligence Commission (ACIC)</b>	Australian Government agency responsible for facilitating access to Nationally Coordinated Criminal History Checks.
<b>Legal Entity Customer (LEC)</b>	Organisation the Accredited Body may use to collect your application, including your informed consent. This may be your employer, benefits provider or issuing body.
<b>Third party</b>	Organisation the Accredited Body is required by law to disclose your personal information and police information to.
<b>Personal information</b>	Information about you, including any information contained in your identity documents.
<b>Police information</b>	Information released as part of a Nationally Coordinated Criminal History Check.

### Who completes this form?

#### Accredited Body

The Accredited Body or its Legal Entity Customer pre-populates this form with information in the following sections: **How to submit this form**, **Contact details** and **question D1**.

#### Applicant

You are required to provide your personal details and Informed Consent to complete this form. You must also provide your identity documents as detailed in **Documents required**. If you are less than 18 years of age, this form must be completed by your parent or legal guardian. You are completing this form to obtain a Nationally Coordinated Criminal History Check.

### What is a Nationally Coordinated Criminal History Check?

A Nationally Coordinated Criminal History Check is conducted with your Informed Consent to determine your suitability for employment, a position of trust or as required by legislation. A Nationally Coordinated Criminal History Check contains your personal information and any relevant police information about you according to the purpose of your Nationally Coordinated Criminal History Check.

### Privacy notice

#### How will my information be used?

##### The ACIC and Australian Police Agencies

The ACIC and Australian police agencies use the information on this form and the Applicant's identity documentation:

- to disclose police information relating to you to the Accredited Body named in question D1;
- to update records held about you; and
- for law enforcement, including purposes set out in the *Australian Crime Commission Act 2002* (Cth).

#### Accredited Body

The Accredited Body or its Legal Entity Customer uses the personal information collected in this application to request a Nationally Coordinated Criminal History Check and to confirm your identity.

The Accredited Body may have a legislative basis for the collection, use and disclosure of your personal information and police information to a third party. If applicable, third parties are listed in question D1. The ACIC recommends you seek more information about relevant legislation from the Accredited Body.

The Accredited Body or its Legal Entity Customer must advise you if your personal information or police information will be transferred or supplied to a location outside Australia, known as the permitted Offshore Transfer Arrangement. If this applies, the legal name and location of the overseas entity are listed in question D1. The ACIC recommends you seek more information from the Accredited Body listed in D1.

#### How is my National Coordinated Criminal History Check result determined?

Police information is disclosed in accordance with applicable spent conviction legislation and information release policies of the Australian Government and state and territory governments.

These links may help you source information on spent convictions:

Commonwealth	<a href="http://www.legislation.gov.au">www.legislation.gov.au</a>
Australian Capital Territory	<a href="http://www.legislation.act.gov.au">www.legislation.act.gov.au</a>
New South Wales	<a href="http://www.legislation.nsw.gov.au">www.legislation.nsw.gov.au</a>
Northern Territory	<a href="http://www.legislation.nt.gov.au">www.legislation.nt.gov.au</a>
Queensland	<a href="http://www.legislation.qld.gov.au">www.legislation.qld.gov.au</a>
South Australia	<a href="http://www.legislation.sa.gov.au">www.legislation.sa.gov.au</a>
Tasmania	<a href="http://www.thelaw.tas.gov.au">www.thelaw.tas.gov.au</a>
Victoria	<a href="http://www.police.vic.gov.au">www.police.vic.gov.au</a>
Western Australia	<a href="http://www.legislation.wa.gov.au">www.legislation.wa.gov.au</a>

#### How do I dispute my result?

If you do not agree with the results of your Nationally Coordinated Criminal History Check, contact the Accredited Body or, if applicable, its Legal Entity Customer. Using the contact information on page 3 to advise them you want to dispute the result. The Accredited Body or its Legal Entity Customer escalates all disputes.

## Providing incomplete, false or misleading information

You must take reasonable steps to ensure you provide accurate, complete and up-to-date personal information. Withholding and/or providing misleading, or false information on this form may be a Commonwealth offence and you may be prosecuted under the *Criminal Code Act 1995* (Cth).

If you become aware you have provided incorrect information you must contact the Accredited Body as soon as possible.

## Documents required

### Minimum identity requirements

You must provide four documents with your completed form to confirm your identity:

- **one commencement of identity document** to confirm your birth in Australia or arrival in Australia
- **one primary use in the community document** to show the use of your identity in the community; and
- **two secondary use in the community documents**

The Accredited body or its Legal Entity Customer will use these documents to verify your identity with the personal information you provided in this form. The personal information contained in your identity documents will be used to conduct a Nationally Coordinated Criminal History Check, as you consent to in Section D.

The documentation you provide must include evidence of your full legal name, date of birth and a photograph of you. If a photograph is not provided on the identity documents presented, a passport style photograph certified by a person listed in Schedule 2 of the *Statutory Declaration Regulations 2018* can be accepted in addition to the four required documents.

### Commencement documents

- a) **Australian birth certificate** or authorised record of birth (not an extract or birth card)
- b) **Immigration record or document, including:**
  1. **an Australian Citizenship Certificate;**
  2. **an Australian visa** (supported by a foreign passport, which is needed for verification) current at the time of entry into Australia as a resident or tourist which can also be accessed through the Visa Entitlement Verification Online (VEVO) system delivered by the Department of Home Affairs\*; and
  3. **an ImmiCard** issued by the Department of Home Affairs to assist visa holders to provide evidence of their Commencement of Identity in Australia.
- c) current **Australian passport** not expired, (however, if the Document Verification Service (DVS) is used to verify the passport, it may be up to 3 years expired)

\* If you are a New Zealand citizen on a Special Category Visa, you can request your VEVO details from the Department of Home Affairs via their website.

### Primary documents

- a) **Australian passport** (including Ordinary, Frequent traveler, Diplomatic, Official and Emergency (not expired; however, if the Document Verification System (DVS) is used to verify the passport, it may be up to 3 years expired);
- b) **an Australian driver licence**, learner permit or provisional licence issued by a State or Territory, showing signature and/or photo;
- c) **ImmiCard** issued by the Department of Home Affairs to assist visa holders to provide evidence of their Commencement of Identity in Australia;

- d) **a passport** issued by a country other than Australia with a valid visa or valid entry stamp or equivalent;
- e) **a proof of age or photo identity card** issued by an Australian government agency which shows the name, date of birth, photo and signature of the individual; and
- f) for persons aged under 18 years with no other Primary Use in Community Documents, a **student identity document** issued by an Australian government agency or Australian school only.

### Secondary documents

#### Secondary use in the community documents

- a) **DFAT issued Certificate of Identity;**
- b) **DFAT issued Document of Identity;**
- c) **DFAT issued United Nations Convention Travel Document Secondary;**
- d) **Foreign government issued documents** (e.g. driver's licence). Documents in languages other than English must be accompanied by a NAATI accredited translation;
- e) **Medicare card;**
- f) **Enrolment with the Australian Electoral Commission;**
- g) **Security Guard/Crowd Control photo licence;**
- h) **Evidence of right to a government benefit** (DVA or Centrelink);
- i) **Consular photo identity card issued by DFAT;**
- j) **Police Force Officer photo identity card;**
- k) **Australian Defence Force photo identity card;**
- l) **Commonwealth or state/territory government photo identity card** (this may take the form of a working with children or vulnerable people card or a government issued occupational licence);
- m) **Aviation security identification card;**
- n) **Maritime security identification card;**
- o) **Firearms licence;**
- p) **Credit reference check;**
- q) **Australian secondary or tertiary student photo identity document;**
- r) **Certified academic transcript from an Australian university;**
- s) **Trusted referees report;**
- t) **Bank card, credit card** (without recording the payment card number/s); and
- u) **Tax File Number.**

### Names

All names under which you have been or are currently known will be included on the Nationally Coordinated Criminal History Check. If you are concerned about the disclosure of details relating to your previous known names, please contact the Accredited Body through which you are submitting your check for a Nationally Coordinated Criminal History Check for assistance.

### Change of name

If you provide identity documents using a former name, you must provide evidence of your name change. This means providing a change of name certificate issued by the Australian Registry of Births, Deaths and Marriages or an Australian marriage certificate issued by a state or territory, in addition to your four identity documents. **Church or celebrant-issued certificates are not accepted.**

### Special provisions for proof of identity

The ACIC recognises that in exceptional circumstances you may not be able to meet the minimum proof of identity requirements. Please contact the Accredited Body who will assess your ability to meet the requirements and determine the most suitable method to confirm your identity.

## How to submit this form

Before submitting this form, ensure all sections are complete and that you have signed and dated the form. Submit your completed form and identity documents using these instructions:

### Contact details

You can contact the Accredited Body or its Legal Entity Customer for more information on the Nationally Coordinated Criminal History Check process, how your personal information is handled and how you can dispute your result.

#### Accredited Body

#### Contact details

#### Legal Entity Customer (if applicable)

#### Contact details

 If more room is required, please list on a separate sheet, sign and attach to this form.

Additional sheet attached? Yes  No

## Section A – Type of Nationally Coordinated Criminal History Check

### A1. Please read this before answering the following question.

You may request a volunteer check if you will hold a position or perform a role where you will not receive any salary, benefits or financial gain. This includes students undertaking compulsory vocational placements.

The Volunteer check type must not be selected for the Australian Government's Work for the Dole Scheme.

**You must be able to validate the Not-for-Profit organisation and the volunteer position to support your selection of the volunteer type.**

#### What is the check type?

Standard  Volunteer

## Section B - Purpose of the Nationally Coordinated Criminal History Check

The purpose for your Nationally Coordinated Criminal History Check helps determine what police information is disclosed on your result.

### B1. Please read this before answering the following question.

#### Category

**Employment** – Paid or unpaid work. Unpaid work is when you are not paid however an employment type relationship exists, for example an internship or work experience.

**Probity** – Representing yourself as a “fit and proper” person, such as, for a voluntary positions, membership and tenancy applications.

**Licence** – Undertaking licensed or regulatory activities, such as applying for a gaming licence or for registration as a greyhound trainer.

**Commonwealth** – Engaged by the Commonwealth but residing outside of the ACT, for example being engaged by Services Australia but residing in WA.

#### What is the check category?

Employment  Probity

Licence  Commonwealth

### B2. Please read this before answering the following question.

For question B2, provide the following information:

**Note: Acronyms must not be used.**

- Position title, occupation, volunteer role, entitlement being sought or licence type.
- Proposed place of work (name of employer or organisation providing the entitlement).
- Location of the role (town and state/territory).

**Example:** Case worker, Department of Human Services, Canberra, Australian Capital Territory

**Example:** Volunteer in canteen, St Bebes, Canberra, Australian Capital Territory

Your position title, occupation, volunteer role, entitlement or licence type

Your proposed place of work (name of organisation/ department) or requesting organisation or issuing authority

Location or town of your work

The State or Territory of your work

ACT  NT  SA  VIC  CTH

NSW  QLD  TAS  WA  Other

## Section C – Personal information

### C1. Please read this before answering the following questions.

#### All known names:

You must disclose all names you have been known by throughout your life, including your full legal name, name before marriage (maiden name), and other previous names and/or alias names.

All names that you submit as part of your Nationally Coordinated Criminal History Check, will appear on the check result. If you are concerned about the disclosure of a **previous name**, please contact the Accredited Body. With each additional name you provide, you must include your family name, first given names and other given names (if applicable).

**Example:** When Lucianne was born, she was given the first name Lucianne, second given name Jane and surname of Jones. When she was married, she changed her surname to Smith. Lucianne commonly uses the name Lucy when introducing herself in the community.

As such, Lucianne has four known names—her current name, maiden name, the alias name she used before she got married and the alias name she uses now. Lucianne needs to provide all four names when completing this form, as follows:

**Current name:** Smith, Lucianne Jane

**Maiden name:** Jones, Lucianne Jane

**Alias name:** Smith, Lucy Jane

**Alias name:** Jones, Lucy Jane

#### Single Names

A single name is where your name comprises of:

- only one word; or
- several words not using Western naming conventions (as per your commencement document).

**Example:**

- Angel - with no other name
- Mohammed Rasheed Khan – consists of several words that are not documented with a specific first name, middle name, and family name.

#### Full legal name

Family name

First given name(s)

Other given name(s)

Or, Single Name Only\*

#### Previous known name (if applicable)

Family name

First given name(s)

Other given name(s)

Or, Single Name Only\*

Name Type: Maiden  Alias  Previous

#### Previous known name (if applicable)

Family name

First given name(s)

Other given name(s)

Or, Single Name Only\*

Name Type: Maiden  Alias  Previous



If more room is required, please list on a separate sheet, sign and attach to this form.

**Additional sheet attached?** Yes  No

**\*Office use only – Please ensure that single names are placed in the 'Family name' field when submitting.**

### C2. Please read this before answering the following question.

You must select the gender that best describes how you identify yourself within the community.

The gender details that you submit as part of your Nationally Coordinated Criminal History Check, will be the gender that appears on the check result.

The ACIC's processes are aligned with the Australian Government *Guidelines on the Recognition of Sex and Gender*. If these Guidelines affect you and you would like additional information specifically regarding this, please contact the ACIC directly at [npcs@acic.gov.au](mailto:npcs@acic.gov.au)

Your gender

M  F  X  (Indeterminate/intersex/unspecified)

### C3. Please read this before answering the following questions.

If you cannot provide all these details, contact the Accredited Body or its Legal Entity Customer.

Your date of birth

Your place of birth

Suburb/town

State/territory

Country

**C4. Please read this before answering the following questions.**

Provide your current and previous residential addresses for the past five years.

If you cannot provide full details, provide as much information as possible. If you are unsure how to complete this section contact the organisation that gave you this form.

Current residential address

Street address		
Suburb/town		
State/territory		Postcode
Country		
Date from		

Previous residential address 1

Street address		
Suburb/town		
State/territory		Postcode
Country		
Date From		To

Previous residential address 2

Street address		
Suburb/town		
State/territory		Postcode
Country		
Date From		To

 If more room is required, please list on a separate sheet, sign and attach to this form.

**Additional sheet attached?** Yes  No

**C5. Please read this before answering the following questions.**

If you have an *Australian* drivers licence and/or an *Australian* firearms licence, you must provide the licence number and the state or territory that issued your licence. If you have a *foreign* drivers licence and/or a firearms licence you must provide the licence number and the country that issued your licence.

If you have a passport, you must provide the passport number and the country that issued your passport.

**Drivers licence number (if available)**

Issued by (state/territory)
-----------------------------

Issued by (state/territory)
-----------------------------

**Firearms licence number (if available)**

Issued by (state/territory)
-----------------------------

Issued by (state/territory)
-----------------------------

**Passport number (if available)**

Issued by (country)
---------------------

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**Section D – Informed Consent****What is Informed Consent?**

Your Informed Consent is needed before an Accredited Body can request a Nationally Coordinated Criminal History Check for you. Your Informed Consent means you:

- have read and understood the information provided in this form about how your personal information and any police information relevant to you will be handled and disclosed
- provide your permission for the Accredited Body to request a Nationally Coordinated Criminal History Check on your behalf
- provide your permission for the Accredited Body to disclose your information to any organisation listed in D1 of this form.

**How do I provide my Informed Consent?**

An important aspect of providing informed consent is that you understand what you are consenting to. It is important that you read the consent statements in question D2 and, where required, get clarification from the Accredited Body or its Legal Entity Customer, to ensure complete understanding. You must then sign and date this form at D2, to give your Informed Consent.

**Important: Please read this information about question D1.**

The Accredited Body is required to complete the details at D1 before providing the form to you.

D1 provides the details of the organisations to whom your personal and police information will be disclosed to.

In question D2, you will provide your informed consent for your personal and police information to be disclosed to the ACIC, Australian police agencies, law enforcement agencies, and any organisations detailed in question D1.

**D1. Organisations to whom the applicant's personal and police information will be disclosed**

**Accredited Body - Accredited Body (legal name)**

Address
---------

Address
---------

**Preferred contact details**

ABN
-----

ABN
-----

**Legal Entity Customer or related government entity**

**Legal Entity Customer or related government entity (legal name)**

Address
---------

Address
---------

**Preferred contact details**

ABN
-----

ABN
-----

**Third parties (as required by law)**

Third party 1 (legal name)

  
 ABN  


Third party 2 (legal name)

  
 ABN  

**Permitted offshore transfer arrangements**

Overseas entity (legal name)

  
 Location (Country)  

**D2. Please read this before answering the following question.**

You must provide your name, read each statement carefully and then print your name, sign and date to provide your informed consent.

**Applicant's consent to submit a Nationally Coordinated Criminal History Check**

I,

Family name

First given name(s)

Other given name(s)

1. acknowledge that I/the Applicant understand the information on this form.
2. acknowledge that the Accredited Body named in D1 is collecting information in this form to provide to the Australian Criminal Intelligence Commission (ACIC) and police agencies, for a Nationally Coordinated Criminal History Check to be conducted for the purpose outlined in Section B of this form.
3. have fully and accurately completed this form, and the personal information I/the Applicant, have provided relates to me/the Applicant, and contains the full name and all names previously used by me/the Applicant.
4. acknowledge that withholding and/or providing misleading or false information on this form and in any supplied identity documents may be a Commonwealth offence and may lead to prosecution under the *Criminal Code Act 1995* (Cth).
5. acknowledge that personal information that I/the Applicant provided on this form and on the supplied identity documents may be disclosed to the Accredited Body named in Section D of this form (including contractors, Legal Entity Customers, related bodies or third parties named in D1 of this form in Australia or overseas, if applicable).
6. acknowledge that any information sent by mail or electronically, in relation to this form, including identity documents, is sent at my/the Applicant's risk and I/the Applicant, am aware of the consequences of sending information in these ways.

7. acknowledge that I/the Applicant am aware that I/the applicant am providing consent for a Nationally Coordinated Criminal History Check to be conducted using all personal information provided in this form and provided in supplied identity documents.
8. understand and consent to police information relating to me/the Applicant, being disclosed in accordance with the purpose identified in Section B of this form, and applicable legislation and information release policies (including spent convictions legislation described in Australian Government and state or territory legislation).
9. give consent to:
  - a. the ACIC and police agencies using and disclosing my/the Applicant's personal information that I/ the Applicant, have provided in this form and personal information contained in my supplied identity documents to conduct a Nationally Coordinated Criminal History Check.
  - b. the ACIC disclosing the police information sourced from the police agencies to other approved bodies and the Accredited Body named in D1 of this form.
  - c. the Accredited Body named in D1 of this form disclosing to the legal entity customer, third parties and any permitted offshore transfer arrangements also detailed in D1, my/the Applicant's personal information and police information to assess my/the applicant's suitability for the purpose identified in Section B of this form.
10. acknowledge that it is usual practice for my/the Applicant's personal information and police information to be used by police agencies and the ACIC for law enforcement, including purposes set out in the *Australian Crime Commission Act 2002* (Cth).

**Applicant**

Print name

Signature

Date

**Parent or legal guardian** (where the applicant is under the age of 18)

Print name

Signature

Date

**Authorised agent**

(person responsible for the applicant, such as a legal representative)

Print name

Signature

Date

## Section E - Accredited Body or its Legal Entity

### Customer declaration.

#### OFFICE USE ONLY

##### E1. What is the Nationally Coordinated Criminal History Check category for this check?

Example: Employment, Probity or Licence.

##### E2. Collected Identity Documentation

###### 1) Commencement of identity document:

Type of document collected:

Name as it appears on the identity document:

Document identifier number:

Document expiry date:

###### 2) Primary use in the community document:

Type of document collected:

Name as it appears on the identity document:

Document identifier number:

Document expiry date:

###### 3) Secondary use in the community document:

Type of document collected:

Name as it appears on the identity document:

Document expiry date:

###### 4) Secondary use in the community document:

Type of document collected:

Name as it appears on the identity document:

Document expiry date:

##### 5) Change of name document (if applicable):

Type of document collected:

Previous name as it appears on the document:

Current name as it appears on the document:

##### 6) Were Special Provisions used to verify this applicant's identity?

No

Yes

If yes, please ensure you have documented your assessment and decision for this applicant.

##### E4. The Accredited Body or its Legal Entity Customer declares that:

- The correct *check type* has been selected for this check and they have verified the legitimacy of this claim.
- They are satisfied as to the Applicants' identity and have verified the linkage between the Applicant and the claimed identity.

##### Staff member

Print name

Signature



Date

# Contact and bank account details

This form is for Contractors and ATSOs to provide new details (for potential employment with the ASTP), or update existing details for contact and bank account details.

Return this completed form to [finance.astp@det.nsw.edu.au](mailto:finance.astp@det.nsw.edu.au)

## Request type

**First time submitting this form** (complete both Contact and Bank account details sections)

**Update existing details** (complete Contact details and only the Bank account details if changed)

## Contact details

Select one of the following that relates to you:

**Contractor:** Entity name: \_\_\_\_\_ ABN: \_\_\_\_\_

**Assisted Travel Support Officer (ATSO):** Employee ID (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Residential/Business address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## Bank account details (to deposit your payments)

Name of bank, building society or credit union: \_\_\_\_\_

Branch location: \_\_\_\_\_ Branch number (BSB - 6 digits): \_\_\_\_\_

Account name: \_\_\_\_\_ Account number (9 digits): \_\_\_\_\_

## Declaration

I authorise these details to take effect:  Immediately  From date: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

— This is not a TFN application form.  
To apply for a TFN, go to [ato.gov.au/tfn](http://ato.gov.au/tfn)

## ! Terms we use

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system
- **payee**, we mean the individual being paid.

## Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

! You don't need to complete this form if you:

- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit [ato.gov.au/trustsandtfnwithholding](http://ato.gov.au/trustsandtfnwithholding)
- are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund
- want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093)
- want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093).

➤ For more information about your entitlement, visit [ato.gov.au/taxoffsets](http://ato.gov.au/taxoffsets)

## Section A: To be completed by the payee

### Question 1

#### What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

- We and your payer are authorised by the *Taxation Administration Act 1953* to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

#### How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you.

If you still can't find your TFN, you can:

- phone us on **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

If you phone or visit us, we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative, would know.

#### You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit [ato.gov.au/tfn](http://ato.gov.au/tfn)

#### You may be able to claim an exemption from quoting your TFN.

Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you haven't given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the:
  - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
  - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
  - Military Rehabilitation and Compensation Commission.

## Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund doesn't have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.

- For more information about providing your TFN to your super fund, visit [ato.gov.au/supereligibility](http://ato.gov.au/supereligibility)

### Question 2–6

Complete with your personal information.

### Question 7

#### On what basis are you paid?

Check with your payer if you're not sure.

### Question 8

#### Are you an Australian resident for tax purposes or a working holiday maker?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and don't set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

If you are in Australia on a working holiday visa (subclass 417) or a work and holiday visa (subclass 462) you must place an X in the working holiday maker box. Special rates of tax apply for working holiday makers.

- For more information about working holiday makers, visit [ato.gov.au/whm](http://ato.gov.au/whm)

If you're not an Australian resident for tax purposes or a working holiday maker, place an X in the foreign resident box, unless you are in receipt of an Australian Government pension or allowance.

Temporary residents can claim super when leaving Australia, if all requirements are met. For more information, visit [ato.gov.au/departaustralia](http://ato.gov.au/departaustralia)

### — Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

- To check your Australian residency status for tax purposes or for more information, visit [ato.gov.au/residency](http://ato.gov.au/residency)

## Question 9

### Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Answer **no** if none of the above applies or you are a working holiday maker.

- ! If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.
- For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit [ato.gov.au/taxfreethreshold](http://ato.gov.au/taxfreethreshold)

## Question 10

### Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, VSL, FS, SSL or TSL debt.

Answer **no** if you do not have a HELP, VSL, FS, SSL or TSL debt, or you have repaid your debt in full.

- ! You have a HELP debt if either:
  - the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP, VET Student loans prior to 1 July 2019 or SA-HELP.
  - you have a debt from the previous Higher Education Contribution Scheme (HECS).

You have a SSL debt if you have an ABSTUDY SSL debt.

You have a separate VSL debt that is not part of your HELP debt if you incurred it from 1 July 2019.

- For information about repaying your HELP, VSL, FS, SSL or TSL debt, visit [ato.gov.au/getloaninfo](http://ato.gov.au/getloaninfo)

Have you repaid your HELP, VSL, FS, SSL or TSL debt?

When you have repaid your HELP, VSL, FS, SSL or TSL debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

#### ! Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

## Section B: To be completed by the payer

! Important information for payers – see the reverse side of the form.

#### ➤ Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

# More information

## Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at [ato.gov.au](http://ato.gov.au)
- For information about applying for a TFN on the web, visit our website at [ato.gov.au/tfn](http://ato.gov.au/tfn)
- For information about your super, visit our website at [ato.gov.au/checkyoursuper](http://ato.gov.au/checkyoursuper)

## Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at [ato.gov.au](http://ato.gov.au):

- *Medicare levy variation declaration* (NAT 0929), if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit [ato.gov.au/departaustralia](http://ato.gov.au/departaustralia) for more information about super.

Other forms and publications are also available from our website at [ato.gov.au/onlineordering](http://ato.gov.au/onlineordering) or by phoning 1300 720 092.

## Phone

- Payee – for more information, phone 13 28 61 between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone 1300 360 221 between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone 13 28 66 between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on 13 14 50.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users – phone 13 36 77 and ask for the ATO number you need (if you are calling from overseas, phone +61 7 3815 7799)
- Speak and Listen (speech-to-speech relay) users – phone 1300 555 727 and ask for the ATO number you need (if you are calling from overseas, phone +61 7 3815 8000)
- Internet relay users – connect to the NRS on [relayservice.gov.au](http://relayservice.gov.au) and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone 1800 555 660 or email [helpdesk@relayservice.com.au](mailto:helpdesk@relayservice.com.au)

## Privacy of information

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

## Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at [ato.gov.au](http://ato.gov.au) or contact us.

This publication was current at **June 2019**.

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## Published by

Australian Taxation Office  
Canberra  
June 2019

DE-6078



## Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

### – Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Home Affairs website at [homeaffairs.gov.au](http://homeaffairs.gov.au)

### Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see [ato.gov.au/whmreg](http://ato.gov.au/whmreg)

For the tax table "working holiday maker" visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

### Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

### Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

### If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

For a full list of tax tables, visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- **online** – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** – complete section B and send the original to us within 14 days.

For more information about lodging your TFN declaration report online, visit our website at [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

### Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

### Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

### – Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.



# Superannuation standard choice form

Use this form to choose the super fund your employer will pay your super into. Your choice of super fund is an important decision for your future.

**If you don't complete this form**, your employer can pay your super into your existing fund identified by the ATO. If you don't have one, your employer can pay into a new account in their default super fund. You can find more information on **page 5**.

## How to complete online

### Save time: use the online form



Use the online form in myGov to choose your super fund. Your super account details will automatically be filled in for you.

- 1 Sign into myGov and select ATO in your services
- 2 In the menu select *Employment*, and then *New employment*. You'll need your employer's information on **page 3** to complete this form.
- 3 Select your preferred fund and give a copy to your employer.

## Information

### For employees

Additional information about super is located at the end of this form. You can also visit [ato.gov.au/individuals/super](http://ato.gov.au/individuals/super)

### For employers

Use the form to offer employees their choice of super fund. You must fill in the details of your nominated super fund, also known as your default fund, on **page 3** before giving the form to an employee.

For more information on super, offering an employee a choice of fund or paying super contributions, visit [ato.gov.au/employersuper](http://ato.gov.au/employersuper)

## Section A Your details

Full name

Employee number (if known)

Tax file number (TFN)

**i** You don't have to provide your TFN but if you don't, there may be consequences such as your contributions being taxed at a higher rate. See **page 5** for more information.

### I choose for my super to be paid into

Select one of the options below and complete relevant section.

**My existing super fund**

→ **Section B**

I want my employer to pay into a super account I have already opened.

**My employer's default super fund**

→ **Section C**

I want my employer to open a new account for me in their default fund.

**My private self-managed super fund (SMSF)**

→ **Section D**

I am a member and a trustee responsible for managing the fund. I may have up to 6 members in the fund.

## Section B My existing super fund

### Super fund details

**i** You can find your super fund details by:

- logging into your super fund member portal or online account
- contacting your super fund directly
- through ATO online services via myGov or the ATO app.

Super fund name

Super fund Australian business number (ABN)

       

Unique superannuation identifier (USI)

           

**i** The USI is used to identify different super funds and specific super fund products. It is different to your member account number. You can find your USI on your super fund's website or by contacting your super fund directly.

Your member account number

            

**i** You can find your member account number on your member account statement, by logging into your super fund account, contacting your super fund directly or through ATO online services via myGov or the ATO app.

Your name as it appears on your account

**i** This must match the name shown on your super account. This may be your current name, or a previous name.

### Required documentation

You need to **attach a letter of compliance of your chosen super fund** to confirm it is a complying fund and can accept contributions from your employer.

For most super funds you can find their letter of compliance on their website. For other funds, you will need to contact them for this information.

I have attached a letter of compliance from my super fund

### Declaration

*I hereby declare that the information I have provided in relation to the nominated super fund is true and correct and I am authorised to provide the information requested.*

Signature

Date

     

**i** If you have completed this section, this is the end of the form. Return this form to your employer as soon as possible.

## Section C My employer's default super fund

### Employer to complete

**i** Employers must complete this section before providing the form to an employee.

Business name

Australian business number (ABN)

<input type="text"/>							
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Super fund name

Super fund Australian business number (ABN)

<input type="text"/>							
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Unique superannuation identifier (USI)

<input type="text"/>											
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### Employee to complete

**i** Make sure the employer default super fund details above have been completed by your employer before you use this form. Ask your employer if it hasn't been done.

I choose for my employer to open a new account for me with their default super fund

Signature

Date

Day

Month

Year

**i** If you have completed this section, this is the end of the form. Return this form to your employer as soon as possible.

### Information for Employers

#### If an employee doesn't return this form

If your employee starts work on or after 1 November 2021, most employers must request the employee's stapled super fund details before making a super contribution.

If an employee doesn't provide you with the correct details, or the fund can't accept your contributions, you will need to request their stapled super fund details from the ATO.

If the ATO advises the employee does not have a stapled super fund, you can make the payment to your nominated default super fund. For more information, visit [ato.gov.au/stapledsuperfund](http://ato.gov.au/stapledsuperfund)

#### Setting up and paying super for your business

For more information on your super choice obligations, including when you need to offer choice and setting up a default super fund, visit [ato.gov.au/employersuper](http://ato.gov.au/employersuper)

#### Help for employers

Phone **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer about employer super obligations.

## Section D My private self-managed super fund (SMSF)

### SMSF details

SMSF name

SMSF Australian business number (ABN)

     

SMSF electronic service address (ESA)

**i** An ESA is used so the fund can receive electronic messages and payments from your employer using SuperStream. You can find your ESA by contacting your SMSF messaging provider or through your SMSF administrator, tax agent, accountant or bank.

Your full name as it appears on your account

**i** This must match the name shown on your super account. This may be your current name, or a previous name.

### SMSF bank account details

Bank account name

BSB code (please include all six numbers)

     

Account number

         

### Required documentation

You need to **attach a document** confirming the SMSF is an ATO regulated super fund. You can find a copy of the compliance status for your SMSF at [superfundlookup.gov.au](http://superfundlookup.gov.au)

I have provided evidence from the ATO this is a regulated SMSF

I hereby declare that the information I have provided in relation to the nominated super fund is true and correct and I am authorised to provide the information requested

Signature

Date

Day  / Month  / Year

**i** If you have completed this section, this is the end of the form. Return this form to your employer as soon as possible.

**You can choose any eligible super fund as your chosen fund for your employer to pay your super into. It's an important decision that can affect your retirement savings.**

### If you choose not to complete this form

If you are a new employee and choose not to complete this form, your employer will check with the ATO if you have an existing super fund. If you do, your super can be paid into this fund, called your 'stapled super fund'.

- If you have multiple funds the ATO will choose one of them as your stapled fund – it may not be the fund you would prefer.
- If the ATO is unable to identify a stapled fund, your employer will be advised to pay your super into their default super fund listed in **Section C**.
- If you started your current employment before 1 November 2021, your employer will pay your super into their default super fund listed in **Section C**.

For more information about stapled super funds, visit [ato.gov.au/individuals/super](http://ato.gov.au/individuals/super)

### Tools and resources

- Compare MySuper products [ato.gov.au/yoursuper](http://ato.gov.au/yoursuper)
- Keeping track of your super [ato.gov.au/keepingtrack](http://ato.gov.au/keepingtrack)
- What to consider when choosing a super fund [moneysmart.gov.au/how-super-works/choosing-a-super-fund](http://moneysmart.gov.au/how-super-works/choosing-a-super-fund)
- How to combine more than one super fund [moneysmart.gov.au/how-super-works/consolidating-super-funds](http://moneysmart.gov.au/how-super-works/consolidating-super-funds)

### Providing your TFN

You don't have to provide your TFN, but if your super fund does not have it, your super contributions may be taxed at a higher rate and you won't be able to make personal contributions to your fund.

Your TFN also makes it easier to keep track of any super accounts in your name so that you receive all your super when you retire.

### Finding lost super

It is important to keep track of your super. If you've ever changed your name, address or job, you may have lost track of some of your super.

Having multiple super accounts could mean you are paying fees you are unaware of, which could reduce your retirement savings. Your super is your money, you should check it regularly.

### If you have more than one super fund

Having more than one super account could mean you're paying multiple fees and charges, which may reduce your retirement savings. You can consolidate multiple accounts using our ATO online services through myGov.

Before you consolidate accounts, you may want to seek advice on fees this may incur or if you will lose any valuable insurance.

For more information, visit [moneysmart.gov.au/how-life-insurance-works/insurance-through-super](http://moneysmart.gov.au/how-life-insurance-works/insurance-through-super)

### For additional support

Phone **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer.

If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech relay Service on **1300 555 727**.

### Your privacy

This form is provided as a means for employees to provide necessary superannuation information to their employer. The ATO does not collect this information. An employer is authorised to collect their employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. If an employee does not provide their superannuation fund details to their employer, the employer may request the information from the ATO.

For more information regarding employee privacy rights contact your superannuation fund.