

# Dr Harry Little Preschool

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PAYROLL NUMBER

OFFICE USE ONLY

## Casual Relief Staff Form

### STAFF DETAILS

Name	
Address	
	Postcode
Phone Number Mobile Number	
Date of Birth	
Qualification/s	
Please List	
First Aid Certificate	Yes / No Expiry Date:
WWCC / VIT	Identification Number:
	Expiry Date:

### Emergency Contact Details

Name	
Phone Number	

### Financial Details

Bank	
BSB	
Account Number	

### Provided Copies - Please Tick once completed and collected by DHLP Admin

<input type="checkbox"/> First Aid Certificate	Photocopy
<input type="checkbox"/> Working With Children Check / Victorian Institute of Teaching	Photocopy
<input type="checkbox"/> Tax File Number Declaration	DHLP Provided
<input type="checkbox"/> Superannuation - Standard Choice Form	DHLP Provided
<input type="checkbox"/> Code of Conduct	DHLP Provided