Employee Personal Information Form

Privacy Notice: Wing's Wildlife Park (WWP) deals with your personal information in accordance with law including the Information Privacy Act 2009. A copy of this application may be provided to external agencies if volunteering for an organisation not managed by WWP. Your personal details will not be disclosed to any other person or agency external to WWP without your consent unless required or authorised by law.

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Applicant Details

Name ***(Last & First Name):***	
Date of Birth:	**Gender:** ☐ **Male** ☐ **Female** ☐ **Other**
Residential Address:	
Postal Address (If different to residential address):	
Preferred Mobile Number:	**Alternative Contact Number:**
Email:	
ACCOMMODATION: *(if required)* – Unit $ pw (includes power)	
What is your Tax File Number:	
VISA type & number *if applicable*:	

AWARD & REMUNERATION

Amusements, Events & Recreation Award (MA000080) Rates as per award effective from 01/07/2025 & employee's starting date.

Or:

POSITION					
PAY LEVEL					
MIN. HOURS					
MON - SAT RATE	$	SUNDAY RATE	$	PUB HOL.	$

EMPLOYMENT TYPE: ☐ CASUAL ☐ PERMANENT ☐ PERM. PART-TIME

Declaration:

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability and acknowledge that I will adhere to the below conditions:

- I agree to WWP conducting probity checks (where appropriate).
- I agree to work under the guidance and supervision of the WWP employee responsible for the area of work for which I have applied.
- I agree to contact the WWP supervisor designated if I wish to vary the nature of work specified in this application, or if I experience any problems with the work I am undertaking.
- I understand that as an employee of WWP, I am to comply with the Code of Conduct, relevant policies, and legislative obligations of WWP particularly in respect to workplace health and safety, discrimination, bullying, confidentiality, and organisational discipline.
- I give permission for my photograph to be taken and reproduced in WWP publications, including on Wings website and social media pages.

Name: **Signature:** **Date:**

Declaration by Legal Guardian of Applicant if under 18 years of age

I declare that I am the legal guardian of the applicant and give consent for the applicant to apply for a vacant position at Wing's Wildlife Park.

Name: **Signature:** **Date:**

Term of Employment				
Preferred Hours	Monday		to	
	Tuesday		to	
	Wednesday		to	
	Thursday		to	
	Friday		to	
	Saturday		to	
	Sunday		to	

Experience:

☐ Resume attached

Language/s other than English spoken:

Certificates and Licences	Number	Expiry Date
National Police Check		
Working with Vulnerable People Card		
Driver's licence - Please specify whether able to drive a manual car		
Responsible Service for Alcohol		
First Aid certificate		
CPR certificate		
Other licences		

Emergency Details

Contact 1 – Name:

Address:

Preferred Contact Number:	Relationship to applicant:

Medical Details

Evidence of your physical capacity to undertake certain activities, e.g. driving vehicles, lifting items etc.

Are you physically able to undertake the nominated tasks? ☐ Yes ☐ No

If no, please provide details:

Are your vaccinations up to date?			Date of last vaccination	Certificate or immunisation History statement provided
Covid-19 (optional)	☐ Yes	☐ No		
Tetanus (mandatory)	☐ Yes	☐ No		
Diphtheria	☐ Yes	☐ No		
Pertussis (whooping cough)	☐ Yes	☐ No		
Hepatitis A	☐ Yes	☐ No		
Hepatitis B	☐ Yes	☐ No		
Influenzae type b (Hib)	☐ Yes	☐ No		

Any other immunisations?

Do you have any conditions which may impact your role as a volunteer that WWP should be made aware of (allergies)? ☐ Yes ☐ No

If yes, please provide details: