

SECTION 5 – EQUITY, DIVERSITY & INCLUSION

One of our goals at Western Health is to enhance diversity, equity, inclusion, and belonging. Demographics are key to examining the experiences that our employees with different backgrounds and personal identities have, which is why we are interested in collecting this information. You are not required to provide this information. If you choose to provide it, we will securely store it on your payroll profile.

This data will be de-identified when used for reporting purposes, e.g. Workforce Gender Equity indicators.

<p>Do you identify as being of Aboriginal or Torres Strait Islander origin?</p> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Prefer not to answer	<p>If you speak a second language please specify?</p>
	<p>Country of Birth</p>
	<p>Do you identify as a person with a disability?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
	<p>If yes, do you require a work adjustment?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – SUPERANNUATION DETAILS

Employees must nominate either one of our industry funds (Aware super or HESTA) by ticking the preferred box below, or must nominate an alternative fund by completing the superannuation standard choice form

Superfund Name	Membership Number (if known)
<input type="checkbox"/> Aware Super	
<input type="checkbox"/> HESTA or Other (Please complete the Superannuation Standard Choice form)	
<input type="checkbox"/> Defined Benefit (Please attach relevant documentation)	

SECTION 7 – BANK ACCOUNT DETAILS

Main Bank Account (where your net pay will be deposited unless additional accounts are specified)

Bank Name (e.g. Commonwealth, ANZ, etc.):	
BSB Number (Branch No: must be 6 digits)**:	
Account Number**:	
Account Name:	

Account 2 (to be completed if you wish to set an amount per pay into another account)

<input type="checkbox"/> Split payments to this account	
Amount to be deposited per pay period or percentage:	\$ %
Bank Name (e.g. Commonwealth, ANZ, etc.):	
BSB Number (Branch No: must be 6 digits):	
Account Number:	
Account Name:	

Account 3 (to be completed if you wish to have a 2nd set amount per pay into another account)

<input type="checkbox"/> Split payments to this account	
Amount to be deposited per pay period (or percentage):	\$ %
Bank Name (e.g. Commonwealth, ANZ, etc.):	
Account Name:	
Account Number:	
BSB Number (Branch No: must be 6 digits):	

SECTION 8 – EMPLOYEE AGREEMENT

Employee Signature	Date

SECTION 9 – WESTERN HEALTH FOUNDATION DONATION EMPLOYEE AGREEMENT

Small change creates big change!

Join our workplace giving program to provide a stronger health service for Western Health's patients and staff



This is not mandatory. Please tick if you would like to make a pre-tax donation.

Yes, I'd like to make a difference and become a member of the workplace giving program to have a greater impact in supporting the work of the Western Health Foundation. Please deduct the following amount each pay period;

- \$2
- \$5
- \$10
- Other \$ _____

I acknowledge that by opting into this program, I consent to make pre-tax payroll deduction each pay to support the work of the Western Health Foundation. I understand that deductions will be taken from my gross salary and I will be paying a reduced amount of tax on my salary. I acknowledge that this will all be reflected on my income statement. I consent to receiving information about my donation and the ongoing work of the Western Health Foundation.

Employee Signature	Date