

Notification of Employment Form

Participant Details			
First Name		Surname	
Email		Contact Number	

Paying Employer Details	
Business Name	
ABN	
Business Address	
Contact Name	Contact Number
Contact Email	
Is the Participant employed with any other Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please record details below Business Name: _____ Start Date: _____

Position Details							
Position Title							
Position Start Date				Hours worked (per week)			
Work Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Work Times							
Best contact time for Post Placement Support							
Receiving Award Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Hourly Rate (\$)			
Tenure	<input type="checkbox"/> Contract <input type="checkbox"/> Temporary (< 6 months) <input type="checkbox"/> Permanent (6 months +)						
Work Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other (specify): <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Traineeship						
Position found through:	<input type="checkbox"/> EPlus <input type="checkbox"/> Newspaper <input type="checkbox"/> Previous Employer <input type="checkbox"/> Other (specify): <input type="checkbox"/> Online <input type="checkbox"/> Canvassing <input type="checkbox"/> Friends/Family						
Is this position considered to be sub-contracting? <i>(i.e. the position has been contracted directly to a single Employer)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this position considered to be Self-Employment? <i>(i.e. there can be more than one Paying Employer)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Was this position found through a Labour Hire Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please record details below						
Labour Hire Company Name							
Labour Hire Contact Number							

If previously employed by the same Employer		
Position Title		
Reason for ceasing employment		
Start Date – End Date		Hours worked

Wage Subsidy	
Is the Participant eligible for a Wage Subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No if YES, Wage Subsidy must be offered
Number of days since employment placement commenced:	_____ Days

Job seeker/Participant Declaration	
<input type="checkbox"/> I confirm that I commenced/increased employment with the Paying Employer indicated above and the details provided are true and correct. <input type="checkbox"/> I understand and agree to allow Employment Plus to contact the Employer where further information is required.	
Signature	Date

EPLUS OFFICE USE ONLY			
Privacy Form is signed and scanned in JSM?		Date Privacy Form signed:	
Job Placement start date must be recorded in the Department's IT system within 56 calendar days of the Participant commencing in the job.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Identifies as Aboriginal & Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
EPlus Engage App discussed / information provided?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Labour Hire (QLD, SA, VIC)			
Was the position found through a Labour Hire company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, the section below <i>must</i> be completed			
Business Entity Name			
Licensee(s)			
Licence Number			
Issued Date		Expiry Date	
Conditions			
<p>IMPORTANT: Mandatory Labour Hire Licensing Scheme</p> <p>Queensland (Effective June 15th 2018) - https://www.labourhire.qld.gov.au/ South Australia (Effective February 1st 2019) - https://www.sa.gov.au/topics/business-and-trade/licensing/labour-hire Victoria (Effective Date TBA 2019) - https://labourhireauthority.vic.gov.au/</p>			

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