

## Employee Record Card

1 Personal Details	
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Surname	First Names
Address	
Home Telephone Number	Mobile Number
Email Addresses	
2 In Case of Emergency	
Emergency Contact	Contact Number
Relationship to Employee (eg. parent, sibling, child, pa	irtner)
3 EEO Information	
Your completion of the following information is for semployment equity & diversity outcomes.	statistical purposes only & will assist ICAS in monitoring
Please tick one of the boxes if it is applicable to you.	
Aboriginal and/or Torres Strait Islander	Persons with a disability
In order to best match your attributes to client's suppo	ort needs, please provide the following information:
Cultural Background	Cultural Identity
Do you speak a language other than English? If so p	olease specify:
Yes No	
4 Drivers Licence Information	
Licence Number	Expiry Date Licence Class (eg. C, A)

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5 Private Vehicle Details	
Make & Model of Car	Year of Car
Registration Number	Insurance Type
Insurance Company Name	Policy Number
Policy Expiry Date Is your car roadwo	orthy & safe to drive?
6 Photo/Media Consent	
Permission to use any photographs, recorded material taken of me whilst undertaking ICAS activities.	I (audio and/or visual)  Yes  No
7 Secondary Employment Details	
8 Staff Availability	
9 Skills	
10 Hobbies & Interests (e.g. Soccer, Line Dancing	)

	Limpioyee Record Card
11 Qualifica	tions (e.g. Bachelor of xx-Institution, Diploma of xx- Institution)
12 Supporti	ng Documents - Required to be Emailed
Please email	a copy of the following to icasmanager@icasau.com:
<ul><li>5. First Aid/C</li><li>6. 100 Points</li></ul>	ice Policy ation ins/Certificates - Working with Children (Blue) Card, Disability Worker Screening (Yellow) Card
Employee Sig	nature Date:
	Please remember to inform ICAS of any future changes to your details
	OFFICE USE ONLY  Date Information entered onto staff details office use only spreadsheet