## **DAP Members - Personal Details Advice**

Please complete the form and submit to <a href="mailto:daps@dplh.wa.gov.au">daps@dplh.wa.gov.au</a>.

Personal Details											
Title			Full Name								
Address								Pos	st Code		
Telephone			Mobile			Email					
Postal Address								Post Code			
Date of Birth			Gender	☐ Mal	e 🗌 Fem	ale	Australian Re	esident			
Current Employment Details											
Company Name											
Position Title											
Public Sector Employees: Full time Public Sector Employees are not eligible for the payment of sitting fees.  Should your employment capacity change from either casual or part-time to full time, you must notify the Department of Planning, Lands and Heritage immediately as you will no longer be eligible for the payment of sitting fees.											
Are you a current WA Public Sector				No If Yes			s, please complete the following details:				
Date of commencement						Date of Permanency//					
Capacity			☐ Full time ☐ Part time ☐ Casual								
Please specify the Agency in which you are employed:											
Bank Details (Note your pay can be split between a number of accounts)											
Bank Name			BSB			Account #					
Account Name					☐ Balan	ce of pa	y <b>OR</b>	Amount \$			
Superannuation:	(Please com	plete	a Superannu	ation (su	per) stand	dard cho	oice form and	submi	t it with t	his form)	
Name of fund											
If you have nominated a self-managed super fund (SMSF), you must provide an Electronic Service Address (ESA):											
Electronic Service	Address										
Emergency Contact Details											
Name											
Address								Pos	st Code		
Telephone			Mobile				Relationship				
Authorisation											
Signature							Date				

DAP Use Only								
DAP to be appointed to								
Membership Start Date			End Date//					
Cost Centre for payment								
Position number to be appointed to								
Payroll Use Only								
Employee Number								
Load sheet completed	Signature			Date				