



## DAP Members – Personal Details Advice

Please complete the form and submit to [daps@dph.wa.gov.au](mailto:daps@dph.wa.gov.au).

PERSONAL DETAILS						
Title		Full Name				
Address					Post Code	
Telephone		Mobile		Email		
Postal Address					Post Code	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Australian Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to Disclose			
Language spoken at home:						

CURRENT EMPLOYMENT DETAILS		
Company Name		
Position Title		
<b>Public Sector Employees: Full time Public Sector Employees are not eligible for the payment of sitting fees as per the <a href="#">Premier's Circular 2025/15 – State Government Boards and Committees</a>.</b>		
Should your employment capacity change from either casual or part-time to full time, you must notify the DAP Secretariat immediately as you will no longer be eligible for the payment of sitting fees.		
Are you a current member of the WA Public Sector employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please complete the following details:
Capacity	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> 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 No.
Account Name			
Salary Sacrificing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage <u>or</u> amount to be sacrificed:	\$
<i>Note: You can split payments between multiple accounts. Contact DAP Secretariat for assistance.</i>			



<b>SUPERANNUATION: (Please complete a Superannuation (Super) Standard Choice Form and submit it with this form)</b>	
<b>Name of fund</b>	
<b>If you have nominated a self-managed super fund (SMSF), you must provide an Electronic Service Address (ESA):</b>	
<b>Electronic Service Address</b>	

<b>EMERGENCY CONTACT DETAILS</b>			
<b>Name</b>			
<b>Address</b>		<b>Post Code</b>	
<b>Telephone</b>		<b>Mobile</b>	
		<b>Relationship</b>	

<b>AUTHORISATION</b>			
<b>Signature</b>		<b>Date</b>	

<b>DAP USE ONLY</b>			
<b>DAP to be appointed to</b>			
<b>Membership Start Date</b>		<b>End Date</b>	
<b>Cost Centre for payment</b>			
<b>Position number to be appointed to:</b>			
<b>Attach Copy of Ministerial Appointment Letter:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

<b>PAYROLL USE ONLY</b>			
<b>Employee Number</b>			
<b>Position Number to be appointed to:</b>		<b>Job Number:</b>	
<b>Load sheet completed</b> <input type="checkbox"/>	<b>Signature</b>		<b>Date</b>