



## 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			
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.</b> <b>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.</b>									
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:					
Date of commencement	___/___/___			Date of Permanency	___/___/___				
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 #					
Account Name				<input type="checkbox"/> Balance of pay <b>OR</b>		Amount \$			
Superannuation: (Please complete a Superannuation (super) standard choice form and submit it with this 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							Post 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 <input type="checkbox"/>	Signature		Date	____/____/____