



**McColl's Operations Pty Ltd trading as McColl's Transport**

A 92-96 Barwon Terrace, South Geelong, VIC, 3220  
Po Box 1724, Geelong, 3220  
T (03) 5226 1400 \ F (03) 5221 8441  
ABN 31 630 416 867



13 December 2021

**PRIVATE & CONFIDENTIAL**

To PST Employee,

Thank-you for expressing interest in transferring your employment to McColl's Transport. We are excited to progress with your transfer, as part of the Stoitse-McColl's business transition.

As part of the transfer of employment process, you will be required to complete the attached pre-employment information. This information will provide McColl's with all relevant details to complete your employee profile.

**Your McColl's Pre-Employment Pack, includes:**

- Personal Details Form
- Medical Assessment
- Approved Medical Clinics
- Police Check
- Tax File Declaration
- Superannuation Choice Form
- Uniform Order Form

**McColl's will require copies of the following documents:**

- Copy of your Licence (HC/MC)
- Driver History Report
- Copy of digital Covid Certificate

All pre-employment information must be returned to [hr@mccolls.com.au](mailto:hr@mccolls.com.au) no later than, **20 December 2021**.

All information will be processed to create your new McColl's employee profile and contract of employment. All employee entitlements and rates will be transferred to McColl's, forming part of your new employment agreement.

All driver contracts will be **emailed by Friday 24 December 2021**.

If you have any questions, please contact McColl's People & Culture team, *Claudia Ranieri (HR Business Partner)*:

**McColl's People & Culture, Geelong Ph: 03 5226 1400.**

We look forward to welcoming you to McColl's.

Kind Regards

**Simon Thornton**  
Chief Executive Officer

Submit this form to McColl's People & Culture Division at [hr@mccolls.com.au](mailto:hr@mccolls.com.au) by 17 December 2021.

Section 1 - Personal Details:			
Given names:		Surname:	
Address:			
Suburb:		Postcode:	
E-mail: (Payslips are emailed)			
Home Phone:		Mobile:	
Do you have unrestricted working rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2 – Emergency Contact Details:			
Given names:		Surname:	
Relationship:			
Home:		Mobile:	

Section 3 – Bank Account Details:			
Name of Bank:		Branch:	
Name on Account:			
Account Number:		BSB Number:	

Section 4 – Bank Account Details (2): (To be completed for split bank accounts)			
Name of Bank:		Branch:	
Name on Account:			
Account Number:		BSB Number:	
Amount:			



Section 6 – Internal Use Only					
Terms of Employment	Full-Time		Part-Time		Casual
Employment Role	Driver	Washbay	Clerical	Workshop/Mechanic	
Rate of Pay (Drivers)	Single		Double		HR
Equipment Required	Mix Telematics Key	Yard Key	Phone	Laptop	
Cost Centre					
Signed by Manager					

SIGNATURE:	
DATE:	

HEALTH ASSESSMENT for FITNESS to DRIVE



Please email results and account information to [HR@mccolls.com.au](mailto:HR@mccolls.com.au) or alternately fax  
(03) 5221 4687

**\*\*Please note McColl's Transport require full completion of the medical form before  
payment will be made.**

**Doctor checklist**

- Part One complete ☐
- Part Two complete ☐
- Drug and Alcohol form complete ☐
- Audiology test report attached ☐
- Has the patient been referred on for further testing? ☐

## CONFIDENTIAL

### HEALTH ASSESSMENT for FITNESS to DRIVER AND NON CLERICAL

#### DRIVER and NON CLERICAL HEALTH QUESTIONNAIRE – Part 1

(TO BE COMPLETED BY DRIVER)

##### DRIVER INFORMATION:

SURNAME:	GIVEN NAMES:
ADDRESS:	
DATE of BIRTH:	PHONE:
DRIVER LICENCE NUMBER:	STATE of ISSUE:

##### EMPLOYER INFORMATION:

EMPLOYER NAME: <b>McCOLL'S TRANSPORT Pty Ltd</b>	
ADDRESS: <b>92-96 BARWON TERRACE GEELONG SOUTH VIC 3220</b>	PHONE: <b>03 5226 1400</b>
EMAIL: <b>hr@mccolls.com.au</b>	Fax: <b>03 5221 4687</b>

##### INSTRUCTIONS FOR COMPLETION:

Please answer the questions by ticking the appropriate box. If you are not sure what a question means, leave the answer blank and the doctor will help you. The doctor will ask you additional questions during the examination. On completion of the questionnaire you will be asked to sign a declaration to confirm the accuracy of your responses.

Please bring with you to the assessment:

- A list of current medications.
- Glasses/contact lenses and hearing aids if you use them.
- Disease management plans (e.g. sleep disorder management plan. Diabetes management plan)

##### DISCLOSURE OF HEALTH INFORMATION:

**Please read carefully and sign to indicate you understand how health information is reported, stored and accessed.**

The details of your health assessment will remain confidential and will only be reported to the requesting organisation in terms of whether you meet the medical criteria for driving a commercial vehicle. The examining health professional retains all detailed medical papers including your questionnaire responses and the completed record of clinical findings. The examining health professional will provide you with the report form to return to the requesting organisation indicating your fitness for duty classification. Other than the above, your personal information will not be disclosed to any other person or organisation without your permission, except when required by law.

You have the right to access your health records including those held by the examining doctor and the reports held by the requesting organisation.

##### DRIVERS DECLARATION:

I have read and understand the above statement concerning the health information provided in this document

Signature of Driver:

Date:

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##### CONSENT TO CONTACT TREATING HEALTH PROFESSIONALS

Signature of Driver:

Date:

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## CONFIDENTIAL

### QUESTIONS:

1 Are you currently attending a health professional for any illness or injury? ☐ NO ☐ YES

2 Are you taking any regular medication? ☐ NO ☐ YES

If YES to Question 1 or 2 provide brief details:

Doctor's comments:

### 3 Do you suffer from or have you ever suffered from any of the following?

3.1 High blood pressure	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.11 Stroke	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.2 Heart disease	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.12 Dizziness, vertigo, problems With balance	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.3 Chest pain, angina	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.13 Memory loss or difficulty with Attention or concentration	<input type="checkbox"/> NO <input type="checkbox"/> YES
1.4 Any condition requiring heart Surgery	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.14 Other neurological disorder	<input type="checkbox"/> No <input type="checkbox"/> YES
3.5 Palpitations/irregular heartbeat	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.15 Neck, back or limb disorders	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.6 Abnormal shortness of breath	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.16 Double vision, difficulty seeing	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.7 Diabetes	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.17 Colour blindness	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.8 Head injury, spinal injury	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.18 Hearing loss or deafness or had an Ear operation or use a hearing aid.	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.9 Seizures, fits, convulsions, epilepsy	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.19 a psychiatric illness or nervous disorder	<input type="checkbox"/> NO <input type="checkbox"/> YES
3.10 Blackouts or fainting	<input type="checkbox"/> NO <input type="checkbox"/> YES	3.20 Cholesterol	<input type="checkbox"/> NO <input type="checkbox"/> YES

Doctor's comments:

### 4 Have you ever had any serious injury, illness, operation or accident or been in hospital for reasons? (please describe)

☐ NO ☐ YES If ticked Yes, Please ensure a Functional Assessment is completed

Doctor's comments:

## CONFIDENTIAL

### 5 Sleep

5.1 Have you ever been tested for a sleep disorder or been told by a doctor that you have a sleep disorder, sleep apnoea or narcolepsy? <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span>				
5.2 Has anyone told you that your breathing stops or is disrupted by episodes of choking during your sleep? <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span>				
5.3 How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? <i>This refers to your usual way of life in recent times. If you haven't done some of these things recently try to work out how they would have affected you</i>	Would never doze off (0)	Slight chance of dozing (1)	Moderate chance of dozing (2)	High chance of dozing (3)
A Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Sitting inactive in a public place (e.g. theatre or a meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D As a passenger in a car for an hour without a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G Sitting quietly after a lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H In a car, while stopped for a few minutes in traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Doctor's comments:**

### 6 Alcohol

6.1 Have you ever sought assistance for alcohol or substance abuse? <span style="float: right;"><input type="checkbox"/> NO <input type="checkbox"/> YES</span>					
<b>Please circle the answer that best describes your situation</b>	<b>(0)</b>	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
A How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
B How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 to 5	5 to 6	7 to 9	10 or more
C How often do you have six or more drinks in one occasion?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
D How often during the last year have you found that you were not able to stop drinking once you started?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
E How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
F How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
G How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
H How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week
I Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year.

J Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year.
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**CONFIDENTIAL**

**Doctor's comments:**

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**Other:**

- 7 Do you currently use illicit drugs? ☐ NO ☐ YES
- 8 Do you use any drugs or medications not prescribed for you by your doctor? ☐ NO ☐ YES
- 9 Have you been in a vehicle crash since your last fitness to drive examination? ☐ NO ☐ YES

**Doctor's comments:**

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**Driver's declaration- accuracy and completeness of information provided**

Signature of driver:

Date:

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Signature of examining doctor:

Date:

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## CONFIDENTIAL

### ASSESSING FITNESS TO DRIVE 2012 Health Assessment of Commercial Vehicle Driver

#### FITNESS TO DRIVE REPORT – Part 2

(Note: this report relates to the driver's fitness for duty and is not to be used for driver licensing assessments)

<b>Driver information</b>		<b>Surname:</b>		<b>Given name(s):</b>	
<b>Address:</b>					
<b>Phone:</b>		<b>Date of Birth:</b>		<b>Driver License No:</b>	
				<b>State of Issue:</b>	
<b>Employer Information:</b> McCOLL'S TRANSPORT Pty Ltd				<b>Contact Phone:</b> (03) 52 261 400	
<b>Address:</b> 92 – 96 Barwon Terrace Geelong South VIC 3220				<b>Postal Address:</b> PO Box 1724 Geelong VIC 3220	
<b>Nature of driving duties:</b>					
<b>Assessment outcome:</b>					
I was familiar with the driver's medical history before conducting this assessment				<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have sighted the driver's license				<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have examined the driver in accordance with Assessing Fitness to Drive 2012 standards for commercial vehicle drivers, and in my opinion the driver (tick ONE box from 1 to 4 and indicate recommended management):					
<input type="checkbox"/> <b>1. Unconditionally meets the medical criteria for fitness to drive</b> Meets all relevant medical criteria. No restrictions or conditions. See recommended date of next review					
<input type="checkbox"/> <b>2. Conditionally meets the medical criteria for fitness to drive</b> Has a medical condition that may impact on fitness to drive, but is well controlled and meets the conditional criteria in <i>Assessing Fitness to Drive 2012</i> . May require person to be more frequently reviewed than prescribed under normal periodic review. See recommended date of next review below.					
Person is required to wear the following aids/devices: <input type="checkbox"/> Corrective lenses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other aids/devices (specify					
<input type="checkbox"/> <b>3. Temporarily does not meet the medical criteria for fitness to drive.</b> Does not meet relevant medical criteria (Unconditional or Conditional) and should not undertake normal driving duties. May perform alternative tasks. May return to driving following: an improvement in condition, response to treatment or confirmed diagnosis of unidentified illness.					
<input type="checkbox"/> <b>4. Permanently does not meet the medical criteria for fitness to drive.</b> Does not meet relevant medical criteria and cannot perform normal driving duties in the foreseeable future.					
<b>Recommended management:</b>					
<input type="checkbox"/> Local doctor referral		<input type="checkbox"/> More frequent periodic review (see recommended review date below)			
<input type="checkbox"/> Specialist referral		<input type="checkbox"/> Other, please describe (Please attach additional information to the form if required)			
<input type="checkbox"/> Laboratory tests					
<input type="checkbox"/> Drug tests					
<input type="checkbox"/> Practical driver test					
<b>Recommended date of next review (from date of assessment):</b>					
<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> Other (specify)					
<b>Name:</b>			<b>Phone:</b>		<b>Facsimile:</b>
<b>Practice address:</b>					

Signature:

Date of assessment:

**CONFIDENTIAL**  
**CLINICAL ASSESSMENT RECORD**

NATURE of DRIVING  
DUTIES:

**CLINICAL ASSESSMENT**

**1 VISION**

**1.1 VISUAL ACUITY (REFER AFTD, PAGE 119)**

ARE GLASSES OR CONTACT LENSES WORN? ☐ YES ☐ NO

	R	L	BOTH
WITHOUT CORRECTION	6/	6/	6/
WITH CORRECTION	6/	6/	6/

MEETS CRITERIA: ☐ WITHOUT CORRECTION ☐ WITH CORRECTION

DOES NOT MEET CRITERIA: ☐

**1.2 VISUAL FIELDS** ☐ NORMAL ☐ ABNORMAL (refer AFTD,PAGE120)

COMMENTS:

**2 HEARING (refer AFTD PAGE 64)**

ARE HEARING AIDS WORN? ☐ YES ☐ NO

16 Hours Quiet ☐ YES ☐ NO

Ear Canals Clear ☐ YES ☐ NO

Report Attached ☐ YES ☐ NO

**HEARING TEST RESULTS**

Left	Right
Normal / Abnormal	Normal / Abnormal

DOES NOT MEET CRITERIA: ☐

**COMMENTS****CONFIDENTIAL****3 CARDIOVASCULAR SYSTEM (refer AFTD P 37-55)****RELEVANT FINDINGS FROM QUESTIONNAIRE (Part 1):**

BLOOD PRESSURE	REPEATED (if necessary)
Systolic	Systolic
Diastolic	Diastolic

Pulse Rate beats/min

☐ Normal☐ Abnormal

Heart Sounds

☐ Normal☐ Abnormal

Peripheral Pulses

☐ Normal☐ Abnormal**COMMENTS** (including comments regarding overall cardiac risk and risk factors e.g. obesity, smoking, exercise, stress):

Height (metres): _____ Weight (kilograms): _____	<b>Body Mass Index (BMI)</b> $\frac{\text{Weight (kilograms)}}{(\text{BMI} + \text{Height (metres)})^2}$														
Blood Pressure (Sitting Pos.) / mm Hg	BMI Guide : <table border="1"> <thead> <tr> <th>BMI</th> <th>Classification</th> </tr> </thead> <tbody> <tr> <td>&lt; 18.5</td> <td>Underweight</td> </tr> <tr> <td>18.5–24.9</td> <td>Healthy weight</td> </tr> <tr> <td>25.0–29.9</td> <td>Overweight</td> </tr> <tr> <td>30.0–34.9</td> <td>Obese Class 1</td> </tr> <tr> <td>35.0–39.9</td> <td>Obese Class 2</td> </tr> <tr> <td>&gt; 40.0</td> <td>Obese Class 3</td> </tr> </tbody> </table>	BMI	Classification	< 18.5	Underweight	18.5–24.9	Healthy weight	25.0–29.9	Overweight	30.0–34.9	Obese Class 1	35.0–39.9	Obese Class 2	> 40.0	Obese Class 3
BMI	Classification														
< 18.5	Underweight														
18.5–24.9	Healthy weight														
25.0–29.9	Overweight														
30.0–34.9	Obese Class 1														
35.0–39.9	Obese Class 2														
> 40.0	Obese Class 3														

**4 DIABETES (refer AFTD P 56-62)**

EXISTING DIABETES?

☐ YES ☐ NO

COMMENTS:

**CONFIDENTIAL**

**5 MUSKULOSKELETAL/NEUROLOGICAL SYSTEM (refer AFTD P 66-69)**

RELEVANT FINDINGS FROM QUESTIONNAIRE (Part 1):

CERVICAL SPINE ROTATION

BACK MOVEMENT

UPPER LIMBS (a) Appearance (b) Joint movements

LOWER LIMBS (a) Appearance (b) Joint Movements

REFLEXES

ROMBERGS SIGN\*

(\*A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for 30 seconds)

COMMENTS:

**6 PSYCHOLOGICAL HEALTH (refer AFTD P 100 -104)**

RELEVANT FINDINGS FROM QUESTIONNAIRE (Part 1):

MENTAL STATE EXAMINATION:

Appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Attitude	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Behaviour	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Mood & affect	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Perception	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Cognition	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Insight	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Judgement	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

**7 SLEEP DISORDERS (refer AFTD P105 – 109)**

EXISTING SLEEP DISORDER?

☐ YES

☐ NO

EES SCORE(Screen):

(Q5 of Driver Health Questionnaire (Part 1):

(Score of 16 is consistent with moderate to severe excessive daytime sleepiness)

## CONFIDENTIAL

### 8 SUBSTANCE MISUSE (refer AFTD P 110 – 115)

#### Note: Drug screening required.

EXISTING SUBSTANCE USE DISORDER

☐ YES

☐ NO

AUDIT SCORE (SCREEN):

(Q6 of Driver Health Questionnaire (Part 1):

(Score 8 indicates strong likelihood of hazardous or harmful alcohol consumption) I

Clinical signs of substance misuse

☐ Absent

☐ Present

#### Drug Test Results:

Urine (Dip Test)

☐ YES

☐ NO

Salvia (Swab Test)

☐ YES

☐ NO

Negative / Non -Negative

Alcohol Text – BAC Results

### 9 CURRENT MEDICATION

Specify:

## SUMMARY

### SUMMARISE SIGNIFICANT FINDINGS:

ARE ANY FURTHER INVESTIGATIONS OR REFERRALS REQUIRED ☐ YES (describe) ☐ NO

### WHAT IS THE RECOMMENDATION FOR THIS DRIVER IN TERMS OF FITNESS TO DRIVE?

☐ **UNCONDITIONALLY** meets the medical criteria – meets all relevant medical criteria (no restrictions)

☐ **CONDITIONALLY** meets the medical criteria for Fitness to Drive – has a medical condition that may impact on fitness to drive but it is well controlled and meets the conditional criteria in *Assessing Fitness to Drive 2012*.

Indicate also if:

☐ Driver requires aids to drive:

☐ Vision Aids ☐ Hearing Aids ☐ Other devices or vehicle modifications (specify)

☐ Driver requires more frequent review than prescribed under normal periodic review:

Specify recommended review:

☐ **TEMPORARILY** does not meet the medical criteria (unconditional or conditional)- pending further investigation and treatment (record details)

☐ **PERMANENTLY** does not meet the medical criteria (record details)

### CONTACT(S) WITH OTHER TREATING HEALTH PROFESSIONAL(S)

Note: Contact is to be made with patient's consent as per questionnaire

### CONTACT WITH REQUESTING ORGANISATION (IF RELEVANT AND CLINICALLY WARRANTED)

- ☐ If the driver is classified *Temporarily or Permanently does not meet the medical criteria*, send Fitness to Drive Report immediately to requesting organisation, if relevant

Details of contact made:

Name of Doctor:

Signature of Doctor:

Date:

## McColl's Approved Medical Clinics

### VICTORIA

<b>Altona</b>	The Clinic Altona 55 Blyth Street Altona, Victoria Ph. 03 93982133 D & A only available 8-12 daily
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<b>Geelong</b>	Myers Street Family Medical 148 Myers Street Geelong VIC 3220 Ph. 03 5229 5192 <b>Ask for Donna or Bec</b>
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<b>Pakenham</b>	Cardinia Medical Centre 180 Princess Hwy Pakenham Vic 3810 Ph. 03 5941 6013 <b>Ask for Annette or Lana</b>
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<b>Tongala</b>	Kyabram Regional Clinic 98 Fenaughty Street Kyabram VIC 3620 Ph. 03 5852 1888
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<b>Warrnambool</b>	Warrnambool Clinic 193A Liebig Street Warrnambool VIC 3280 Ph: 03 5562 2766
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<b>Shepparton</b>	Princess Park Clinic 172 Welsford Street Shepparton VIC Ph: 03 5821 9655
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### SOUTH AUSTRALIA

<b>Mount Gambier</b>	Ferrers Medical Centre 2-4 Wehl Street North Mount Gambier SA 5290 Ph. 08 8725 4261
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<b>Murray Bridge</b>	Bridge Clinic 8 Standen Street Murray Bridge SA 5253 Ph. 08 8539 3232
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<b>Penola</b>	Penola Medical Clinic 18 Church Street Penola SA 5277 Ph: 08 8737 2218
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### TASMANIA

<b>Devonport</b>	Devonport GP Superclinic Centres 8 Wenvoe Street Devonport TAS 7310 Ph: 03 6422 6200
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### NSW

<b>Bomaderry</b>	Worrigee Medical Centre 53 Isa Road Worrigee NSW 2540 Ph. 02 44216199
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<b>Mittagong</b>	Mittigong Medical Centre 17 Regent Street Mittagong NSW Ph. 02 48711500
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<b>Preston</b>	Wetherill Park Occup Health Practice 447B Victoria Street Wetherill Park NSW 2164 Ph. 02 9756 1344
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<b>Penrith</b>	Penrith Medical Centre 67-79 Henry Street Penrith NSW 2750 Ph. 02 4721 8755
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<b>Orange</b>	Orange Family Medical Centre 95 Persley Street Orange NSW 2800 Ph. 02 6393 9600
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<b>Taree</b>	Albert St Medical Centre 78 Albert St Taree NSW 2430 Ph. 02 6552 5533
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### QUEENSLAND

<b>Rocklea</b>	Sonic Health Plus Unit 2, 148 Mica Street Carole Park QLD 4300 Ph. 07 30588439
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<b>Malanda</b>	Eacham Medical Centre 17 Catherine St Malanda QLD Ph. 07 4096 5999
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### WESTERN AUSTRALIA

<b>Kewdale</b>	Sonic Health Plus Suite 5, 137 Kewdale Road Kewdale, WA, 6105 Ph: 08 9353 2140
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<b>Harvey</b>	Sonic Health Plus Unit 1, 11 Sandridge Road Bunbury, WA, 6230 Ph: 08 9722 4698
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ABN 31 630 416 867



## Police Checks Application Instructions

McColl's Operations requires all new employees to complete a Police Check. This form is to be completed online (details of websites choices are below) please follow all instructions completely.

A receipt **MUST** be returned with your new starter paperwork as proof the application has been sent and so you can be reimbursed.

Once you receive your police check you **MUST** provide us with a copy in order to finalise your recruitment process.

At least one of your IDs must contain a photo, current residential address, signature and date of birth.

**CV Check - [www.cvcheck.com/PoliceCheck](http://www.cvcheck.com/PoliceCheck)**

**Veritas Check - [www.veritascheck.com.au](http://www.veritascheck.com.au)**

**Inter Check - [www.policecheckexpress.com.au](http://www.policecheckexpress.com.au)**

**Australia Post – [www.auspost.com.au/police-checks](http://www.auspost.com.au/police-checks)**

# Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

— This is not a TFN application form.  
To apply for a TFN, go to [ato.gov.au/tfn](https://ato.gov.au/tfn)

## ! Terms we use

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system
- **payee**, we mean the individual being paid.

## Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

- ! You don't need to complete this form if you:
- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit [ato.gov.au/trustsandtfnwithholding](https://ato.gov.au/trustsandtfnwithholding)
  - are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund
  - want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093)
  - want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093).

> For more information about your entitlement, visit [ato.gov.au/taxoffsets](https://ato.gov.au/taxoffsets)




## Section A: To be completed by the payee

### Question 1

#### What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

-  We and your payer are authorised by the *Taxation Administration Act 1953* to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

#### How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you.

If you still can't find your TFN, you can:

- phone us on **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

If you phone or visit us, we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative, would know.

#### You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit [ato.gov.au/tfn](https://ato.gov.au/tfn)

#### You may be able to claim an exemption from quoting your TFN.

Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you haven't given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the:
  - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
  - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
  - Military Rehabilitation and Compensation Commission.

#### Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund doesn't have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.

-  For more information about providing your TFN to your super fund, visit [ato.gov.au/superelegibility](https://ato.gov.au/superelegibility)

### Question 2–5

Complete with your personal information.

#### Question 6

##### On what basis are you paid?

Check with your payer if you're not sure.

#### Question 7

##### Are you an Australian resident for tax purposes or a working holiday maker?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and don't set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

If you are in Australia on a working holiday visa (subclass 417) or a work and holiday visa (subclass 462) you must place an X in the working holiday maker box. Special rates of tax apply for working holiday makers.


-  For more information about working holiday makers, visit [ato.gov.au/whm](https://ato.gov.au/whm)

If you're not an Australian resident for tax purposes or a working holiday maker, place an X in the foreign resident box, unless you are in receipt of an Australian Government pension or allowance.

Temporary residence can claim super when leaving Australia, if all requirements are met. For more information, visit [ato.gov.au/departaustralia](https://ato.gov.au/departaustralia)

#### Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

-  To check your Australian residency status for tax purposes or for more information, visit [ato.gov.au/residency](https://ato.gov.au/residency)

## Question 8

### Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Answer **no** if none of the above applies or you are a working holiday maker.

- ! If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.
- > For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit [ato.gov.au/taxfreethreshold](https://ato.gov.au/taxfreethreshold)

## Question 9

### (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, SSL or TSL debt.

Answer **no** if you do not have a HELP, SSL or TSL debt, or you have repaid your debt in full.

- ! You have a HELP debt if either:
  - the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP or SA-HELP.
  - you have a debt from the previous Higher Education Contribution Scheme (HECS).

You have a SSL debt if you have an ABSTUDY SSL debt.

### (b) Do you have a Financial Supplement debt?

Answer **yes** if you have a Financial Supplement debt.

Answer **no** if you do not have a Financial Supplement debt, or you have repaid your debt in full.

- > For information about repaying your HELP, SSL, TSL or Financial Supplement debt, visit [ato.gov.au/getloaninfo](https://ato.gov.au/getloaninfo)

## Have you repaid your HELP, SSL, TSL or Financial Supplement debt?

When you have repaid your HELP, SSL, TSL or Financial Supplement debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

### ! Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

## Section B: To be completed by the payer

- ! Important information for payers – see the reverse side of the form.

### > Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit [ato.gov.au/lodgetfndeclaration](https://ato.gov.au/lodgetfndeclaration)

## More information

### Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at **ato.gov.au**
- For information about applying for a TFN on the web, visit our website at **ato.gov.au/tfn**
- For information about your super, visit our website at **ato.gov.au/checkyoursuper**

### Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at **ato.gov.au**:

- *Medicare levy variation declaration* (NAT 0929), if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit **ato.gov.au/departaustralia** for more information about super.

Other forms and publications are also available from our website at **ato.gov.au/onlineordering** or by phoning **1300 720 092**.

### Phone

- Payee – for more information, phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users – phone **13 36 77** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 7799**)
- Speak and Listen (speech-to-speech relay) users – phone **1300 555 727** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 8000**)
- Internet relay users – connect to the NRS on **relayservice.gov.au** and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email **helpdesk@relayservice.com.au**

### Privacy of information

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to **ato.gov.au/privacy**

### Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at **ato.gov.au** or contact us.

This publication was current at **September 2017**.

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### Published by

Australian Taxation Office  
Canberra  
September 2017

JS 39383



■ Read all the instructions including the privacy statement before you complete this declaration.

Section A: **To be completed by the PAYEE**

➤ For more information, see question 1 on page 2 of the instructions.

**OR** I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

[illegible]

State/territory      Postcode

[illegible]

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No ☐

**You MUST SIGN here**      Date      Day      Month      Year

- There are penalties for deliberately making a false or misleading statement.

**! Once section A is completed and signed, give it to your payer to complete section B.**

Section B: To be completed by the PAYER (if you are not lodging online)

[illegible]

Yes		No	
-----	--	----	--

[illegible][illegible]

State/territory      Postcode

[illegible][illegible]

Business phone number

**7** If you no longer make payments to this payee, print X in this box.

Signature of payer

Date Day Month Year

- There are penalties for deliberately making a false or misleading statement.

Australian Taxation Office  
PO Box 9004  
PENRITH NSW 2740

**See next page for:**

- payer obligations
- lodging online.



30920917

**Sensitive** (when completed)



## Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

### — Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Immigration and Border Protection website at [border.gov.au](http://border.gov.au)

### Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see [ato.gov.au/whmreg](http://ato.gov.au/whmreg)

For the tax table "working holiday maker" visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

### Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

### If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

- For a full list of tax tables, visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- **online** – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** – complete section B and send the original to us within 14 days.

- For more information about lodging your TFN declaration report online, visit our website at [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

## Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

## Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

### — Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.

# Superannuation (super) standard choice form

## WHEN TO USE THE FORM

### Employers

Use this form to offer eligible employees their choice of super fund. You must fill in the details of your nominated super fund, also known as your default fund, before giving the form to employees.

Give this form to an employee when:

- you hire a new employee who is eligible to choose a super fund
- an existing eligible employee asks you for it
- you can no longer contribute to an employee's nominated super fund or it is no longer a complying fund
- you change your employer-nominated super fund and need to advise employees affected by this change.

### Employees

Use this form to advise an employer of your choice of super fund.

You must provide the required information so your employer can make contributions to your nominated super fund.

## ABOUT THE FORM

The *Standard choice form* has three sections:

- section A, which the employee completes by providing details of their choice of super fund, together with supporting documents.
- section B, which the employer completes by providing details of their nominated super fund (before they give the form to an employee).
- section C, which the employer completes to document the choice process for an employee.

Employers must retain the returned form as their record of the choice process. Completed forms must be retained for five years.

### ! Superannuation reform changes – SuperStream

SuperStream is a new standard for the way employers pay contributions and send information to super funds. This form collects information that employers will need when using SuperStream.



## SECTION A: EMPLOYEE TO COMPLETE

If you choose your own super fund you will need to obtain current information from your fund to complete items 3 or 4.

### Item 3

#### Nominating your APRA fund or RSA

Complete this item if you are nominating your own APRA fund (fund regulated by the Australian Prudential Regulation Authority) or a retirement savings account (RSA).

You must include the unique superannuation identifier (USI) provided by your fund.

You must attach a letter from the fund trustee or RSA provider confirming that the fund or RSA:

- is a complying fund or RSA, and
- will accept payments from your employer.

This letter may contain other information to help your employer make super contributions using the SuperStream standard.

### Item 4

#### Nominating your self-managed super fund (SMSF)

Complete this item if you are nominating a self-managed super fund (SMSF).

You must include your SMSF's ABN, bank account details and electronic service address (ESA) (so the fund can receive electronic messages and payments from your employer using SuperStream).

#### FIND OUT MORE

[ato.gov.au/SMSFSuperStream](https://ato.gov.au/SMSFSuperStream) – for information about how SuperStream applies to SMSFs

If you are using an SMSF message service provider they will provide you with an electronic service address alias to include as the ESA on the form.

You must attach copies of the following documents to support your SMSF choice:

- a document confirming that the fund is regulated – this can be printed from [superfundlookup.gov.au](https://superfundlookup.gov.au)
- a letter from the trustee of the SMSF confirming that the fund will accept payments from your employer – if you are the trustee, or a director of the corporate trustee, you can confirm acceptance by placing an 'X' in the relevant box on the form.

## Things you should know

- Your employer is not liable for the performance of the super fund you or they nominate
- You should not seek financial advice from your employer unless they are licensed to provide it
- Your employer is only required to accept one choice of fund from you in a 12-month period; however, they may accept more
- Your employer has two months after you return this form to them to action your request
- Any money you have in existing funds will remain there unless you arrange to transfer it (roll it over) to another fund – check the impact of any exit fees you will incur or benefits you may lose before leaving the fund (your employer cannot do this for you)
- If you quote your TFN to your employer for super purposes, they must provide it to the super fund

## You may have lost super

- It is important to keep track of your super – if you've ever changed your name, address or job, you may have lost track of some of your super
- Having several super accounts could mean that fees and charges are reducing your overall super investment
- You can register for our online services and use SuperSeeker to check all your super accounts, find any lost or ATO-held super and transfer your super into one account using a simple online form

#### FIND OUT MORE

- [ato.gov.au/superseeker](https://ato.gov.au/superseeker)
- [ato.gov.au/super](https://ato.gov.au/super) – for information about super or choosing a super fund
- [moneysmart.gov.au](https://moneysmart.gov.au) (on the Australian Securities & Investment Commission [ASIC] website) – search for 'choose super fund' for tips on how to choose a fund

## SECTIONS B & C: EMPLOYER TO COMPLETE

If an employee nominates their own super fund, they will provide information at section A that will assist you to prepare for, and make contributions to super funds using SuperStream.

### FIND OUT MORE

[ato.gov.au/simplifyingSuperStream](https://ato.gov.au/simplifyingSuperStream) – for more information on SuperStream.

## Section B

Complete section B before giving this form to your employee. The super fund you nominate must be authorised to offer a MySuper product. If you need to confirm your MySuper arrangements contact your default super fund.

Sign and date this section on the day you give the form to your employee.

## Section C

Complete section C after your employee returns this form to you. Record the date you accept your employee's choice of fund and the date that you act on the choice. Retain the form with your records. Do not send the form to the ATO or to super funds.

### FIND OUT MORE

- [ato.gov.au/employersuper](https://ato.gov.au/employersuper) – for more information on super, offering an employee a choice of fund or paying super contributions
- [apra.gov.au/RSE](https://apra.gov.au/RSE) – to find a super fund authorised to offer a MySuper product

## Things you should know

- The quarterly\* due dates for super contributions are:
  - 28 October
  - 28 January
  - 28 April
  - 28 July
- If you have not received an employee's completed form and a super contribution is due, you must make the payment to your nominated fund by the due date
- In the two months after you receive an employee's completed form, you can pay their super contributions to either the fund you have nominated or the fund they have nominated
- After the two-month period, you must make contribution payments to the fund the employee has nominated
- You do not have to action an employee's fund nomination if they have nominated a fund in the previous 12 months; however, you may choose to action their request

### FIND OUT MORE

- phone **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer
- phone our publications ordering service on **1300 720 092** for copies of our publications
- write to us at  
**Australian Tax Office**  
**PO Box 3578**  
**Albury NSW 2640**

### HELP

- If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.
- If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.

\* You can pay contributions more regularly than quarterly. For example, some employers pay fortnightly or monthly based on employee workplace agreements or arrangements with super funds.

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## OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at **ato.gov.au** or contact us.

This publication was current at **August 2014**.



# Superannuation Standard choice form

For use by employers when offering employees a choice of fund  
and by employees to advise their employer of their chosen fund.

## Section A: Employee to complete

### 1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an ☒ in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate ☐ Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate ☐ Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) ☐ Complete items 2 and 5

### 2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

**!** You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate.  
Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

### 3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

#### Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

#### 4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers)

Account number

#### Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

☐ I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

#### 5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

☐ I have attached the relevant documentation.

Signature

Date

Day

Month

Year

 /  / 

Return the completed form to your employer as soon as possible.

## Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.


**!** Sign and date the form when you give it to your employee.

### 6 Your details

Business name

ABN

Signature



Date

Day Month Year  
 /  /

### 7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

## Section C: Employer to complete

**!** Complete this section when your employee returns the form to you with section A completed.

### 8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

**!** If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received Day Month Year  
 /  /

Date you act on your employee's choice Day Month Year  
 /  /

**!** Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

### PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.



## McColl's Uniform Request Form – Driver

Employee Name:		Date:	
Division:		Depot:	
Cost Centre:		Circle:	Perm. / Casual / Sub. #

### MUST READ:

**COMPANY DRIVERS:** 5 x shirts, 3 x pants or shorts, 1 x jumper / jacket, 1 x overall, 1 x safety vest, 1 x hat, 1 x pair safety glasses and 1 x pair boots.

**CASUAL / INTERNAL SUBCONTRACTORS:** 5 x shirts, 3 x pants or shorts, 1 x jumper / jacket, 1 x safety vest, 1 x hat and 1 x pair safety glasses.

Code	Description	Colour	Image	Quantity	Size (Circle)	Price
Shirts   Jumpers   Jackets   Vests						
3839	Short Sleeve Cotton Drill Shirt	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL 6XL	\$27.45
3480	Long Sleeve Cotton Drill Shirt	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL 6XL	\$29.10
3886	Long Sleeve Cotton Drill Shirt Lightweight, Vented, Reflec Tape	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL 6XL	\$39.95
3536	Long Sleeve Cotton Drill Shirt Heavyweight, Vented, Reflec Tape	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL	\$42.75
XX-Master	Waterproof Polarfleece Jacket	Yellow/ Navy			S M L XL 2XL 3XL 4XL 6XL	\$65.00
49045	Hi Vis 2-Tone Windcheater	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL 7XL	\$39.95
VDNY	Day/Night Safety Vest	Yellow			S M L XL 2XL 3XL 4XL 5XL 6XL	\$12.95
Overalls   Pants   Shorts						
3955	Lightweight Cotton Drill Overalls	Yellow/ Navy			77R 82R 87R 92R 97R 102R 107R 112R 117R 92S 97S 102S 107S 112S 117S 122S 127S 132S	\$69.95
Y02597	Cotton Cargo Pants	Navy			72R 77R 82R 87R 92R 97R 102R 107R 112R 87S 92S 97S 102S 107S 112S 117S 122S 127S 132S 74L 79L 84L 89L	\$30.45
Y05067	Cotton Cargo Shorts – Mid Weight	Navy			77R 82R 87R 92R 97R 102R 107R 112R	\$24.50
3313	Drill <u>Elastic</u> Waist Pants	Navy			S M L XL 2XL 3XL 4XL 5XL	\$30.45
3305	Drill <u>Elastic</u> Drawstring Shorts	Navy			S M L XL 2XL 3XL 4XL 5XL	\$24.50
Y02575	Cotton Cargo Pants with tape	Navy			72R 77R 82R 87R 92R 97R 102R 107R 112R 87S 92S 97S 102S 107S 112S 117S 122S 127S 132S	\$36.50
Footwear   PPE						
USBOK	Redback Elastic Side Safety Boot	Black			4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 13	\$110.00
332152	Steel Blue Argyle Safety Zip Bump (FPU ONLY)	Black			4 5 6 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 12.5 13	\$180.00
SS125.50	Sunscreen 125ml Tube – SPF50+	-			-	\$6.10
PC-1602	Smoke Lens Safety Glasses	-			-	\$4.95
HW-4247	Broadbrim Surf Hat	Navy			55/S 57/M 59/L 61/XL	\$11.50
HW-4199	Cotton Peak Cap	Navy			-	\$8.50
HW-3059	Polarfleece Lined Beanie	Navy			-	\$8.50

**MUST READ:** By signing this form you are agreeing to the following: - The upkeep and maintenance of this uniform is your responsibility, while wearing this uniform you are representing McColl's Transport. - Any additional items, above your allocation, will be charged to you through payroll.

Supervisor Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return to Stephanie @ Geelong – [spowell@mccolls.com.au](mailto:spowell@mccolls.com.au)

Updated Sept. 2020



# McColl's Uniform Request Form – FEMALE Driver & Mechanic

Employee Name:		Date:	
Division:		Depot:	
Cost Centre:		Circle:	Perm. / Casual / Sub. #

## MUST READ:

**COMPANY EMPLOYEES:** 5 x shirts, 3 x pants or shorts, 1 x jumper / jacket, 1 x overall, 1 x safety vest, 1 x hat, 1 x pair safety glasses and 1 x pair boots.

**CASUAL / INTERNAL SUBCONTRACTORS:** 5 x shirts, 3 x pants or shorts, 1 x jumper / jacket, 1 x safety vest, 1 x hat and 1 x pair safety glasses.

Code	Description	Colour	Image	Quantity	Size (Circle)	Price
<b>Shirts / Jumpers / Jackets / Vests</b>						
SW53	Short Sleeve Cotton Drill Shirt	Yellow/ Navy			<b>Women's</b> - 8 10 12 14 16 18	\$34.95
SW64	Long Sleeve Cotton Drill Shirt	Yellow/ Navy			<b>Women's</b> - 8 10 12 14 16 18	\$37.95
SW65	Long Sleeve Cotton Drill Shirt Reflec. Tape	Yellow/ Navy			<b>Women's</b> - 8 10 12 14 16 18	\$49.95
3536	Long Sleeve Cotton Drill Shirt Heavyweight, Vented, Reflec Tape	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL	\$42.75
XX-Master	Waterproof Polarfleece Jacket	Yellow/ Navy			S M L XL 2XL 3XL 4XL 6XL	\$65.00
49045	Hi Vis 2-Tone Windcheater	Yellow/ Navy			XS S M L XL 2XL 3XL 4XL 5XL 7XL	\$39.95
VDNY	Day/Night Safety Vest	Yellow			S M L XL 2XL 3XL 4XL 5XL 6XL	\$12.95
<b>Overalls / Pants / Shorts</b>						
3955	Lightweight Cotton Drill Overalls	Yellow/ Navy			77R 82R 87R 92R 97R 102R 107R 112R 117R 92S 97S 102S 107S 112S 117S 122S 127S 132S	\$69.95
ZWL002	Cotton Cargo Pants	Navy			<b>Women's</b> - 8 10 12 14 16 18 20 22 24	\$39.95
ZWL011	Cotton Cargo Shorts	Navy			<b>Women's</b> - 8 10 12 14 16 18 20 22 24	\$37.95
3313	Drill <u>Elastic</u> Waist Pants	Navy			S M L XL 2XL 3XL 4XL 5XL	\$30.45
3305	Drill <u>Elastic</u> Drawstring Shorts	Navy			S M L XL 2XL 3XL 4XL 5XL	\$24.50
ZWL004	Cotton Cargo Pants with tape	Navy			<b>Women's</b> - 8 10 12 14 16 18 20 22 24	\$45.95
<b>Footwear / PPE</b>						
USBOK	Redback Elastic Side Safety Boot	Black			4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 13	\$110.00
332152	Steel Blue Argyle Safety Zip Bump (FPU ONLY)	Black			4 5 6 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 12.5 13	\$180.00
SS125.50	Sunscreen 125ml Tube – SPF50+	-			-	\$6.10
PC-1602	Smoke Lens Safety Glasses	-			-	\$4.95
HW-4247	Broadbrim Surf Hat	Navy			55/S 57/M 59/L 61/XL	\$11.50
HW-4199	Cotton Peak Cap	Navy			-	\$8.50
HW-3059	Polarfleece Lined Beanie	Navy			-	\$8.50

**MUST READ:** By signing this form you are agreeing to the following: - The upkeep and maintenance of this uniform is your responsibility, while wearing this uniform you are representing McColl's Transport. - Any additional items, above your allocation, will be charged to you through payroll.

Supervisor Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return to Stephanie @ Geelong – [spowell@mccolls.com.au](mailto:spowell@mccolls.com.au)

Updated Sept. 2020



# McColl's Uniform Request Form – Personal Protective Equipment - PPE



Employee Name:		Date:	
Division:		Depot:	
Cost Centre:		Circle:	Permanent / Casual / Subcontractor

Code	Description	Colour	Image	Quantity	Size (please circle)	Price
<b>Clothing</b>						
3809	Cotton Day/Night Safety Vest	Yellow			S M L XL 2XL 3XL 4XL 5XL	\$29.75
VDNY	Day/Night Safety Vest	Yellow			S M L XL 2XL 3XL 4XL 5XL 6XL	\$12.95
3955	Lightweight Cotton Drill Overalls	Yellow/ Navy			77R 82R 87R 92R 97R 102R 107R 112R 117R 92S 97S 102S 107S 112S 117S 122S 127S 132S	\$69.95
<b>Footwear   PPE</b>						
PCHHV6	Vented Hardhat, 6 Point Harness Australian Made	White			-	\$11.55
990	Blundstone Heat Resistant Steel Cap Safety Boot	Black			3 4 5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 12 13	\$140.00
SS125.50	Sunscreen 125ml Tube – SPF50+	-			-	\$6.10
PC-1602	Smoke Lens Safety Glasses	-			-	\$4.95
PC-1600	Clear Lens Safety Glasses	-			-	\$4.95
PCVIPER	Javelin Earmuff	-			-	\$12.50
PCEPOU	Laserlite Uncorded Earplugs Box of 200	-			-	\$30.00
HW-4247	Broadbrim Surf Hat	Navy			55/S 57/M 59/L 61/XL	\$11.50
HW-4199	Cotton Peak Cap	Navy			-	\$8.50

**MUST READ:** By signing this form you are agreeing to the below:

- The upkeep and maintenance of this uniform is your responsibility, while wearing this uniform you are representing McColl's Transport.
- Any additional items, above the 10 allocated, will be charged to you through payroll.

Supervisor Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# McColl's Uniform Request Form – Wash Bay / Yard / Mechanic



Employee Name:		Date:	
Division:		Depot:	
Cost Centre:		Circle:	Perm. / Casual / Sub. #

## MUST READ:

**COMPANY DRIVERS:** 5 x shirts, 3 x pants or shorts, 1 x jumper / jacket, 1 x overall, 1 x safety vest, 1 x hat, 1 x pair safety glasses and 1 x pair boots.

**CASUAL / INTERNAL SUBCONTRACTORS:** 5 x shirts, 3 x pants or shorts, 1 x jumper / jacket, 1 x safety vest, 1 x hat and 1 x pair safety glasses.

Code	Description	Colour	Image			Quantity	Size (Circle)	Price
			Shirts	Jumpers	Jackets			
3839	Short Sleeve Cotton Drill Shirt	Yellow/ Navy					XS S M L XL 2XL 3XL 4XL 5XL 6XL	\$27.45
3840	Long Sleeve Cotton Drill Shirt	Yellow/ Navy					XS S M L XL 2XL 3XL 4XL 5XL 6XL	\$29.10
JB-6D4RV	Wet Weather Vest	Yellow					S M L XL 2XL 3XL 4XL 5XL 6XL	\$40.00
XX-Master	Waterproof Polar Fleece Jacket	Yellow/ Navy					S M L XL 2XL 3XL 4XL 6XL	\$65.00
49045	Hi Vis 2-Tone Windcheater	Yellow/ Navy					XS S M L XL 2XL 3XL 4XL 5XL 6XL	\$39.95
Overalls   Pants   Shorts								
3955	Lightweight Cotton Drill Overalls	Yellow/ Navy					77R 82R 87R 92R 97R 102R 107R 112R 117R 92S 97S 102S 107S 112S 117S 122S 127S 132S	\$69.95
Y02597	Cotton Cargo Pants	Navy					72R 77R 82R 87R 92R 97R 102R 107R 112R 87S 92S 97S 102S 107S 112S 117S 122S 127S 132S 74L 79L 84L 89L	\$30.45
Y02575	Cotton Cargo Pants with tape	Navy					72R 77R 82R 87R 92R 97R 102R 107R 112R 87S 92S 97S 102S 107S 112S 117S 122S 127S 132S	\$36.50
Y05067	Cotton Cargo Shorts – Mid Weight	Navy					77R 82R 87R 92R 97R 102R 107R 112R 117R 122R 127R 132R	\$24.50
Footwear   PPE								
990	Blundstone Heat Resistant Steel Cap Safety Boot	Black					3 4 5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 12 13	\$140.00
SS125.50	Sunscreen 125ml Tube – SPF50+	-					-	\$6.10
PC-1602	Smoke Lens Safety Glasses	-					-	\$4.95
HW-4247	Broadbrim Surf Hat	Navy					55/S 57/M 59/L 61/XL	\$11.50
HW-4199	Cotton Peak Cap	Navy					-	\$8.50
HW-3059	Polar Fleece Lined Beanie	Navy					-	\$8.50

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- The upkeep and maintenance of this uniform is your responsibility, while wearing this uniform you are representing McColl's Transport.
- Any additional items, above your allocation, will be charged to you through payroll.

Supervisor Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_