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PO BOX 232, Chatswood NSW 2057

## STS EMPLOYEE REGISTRATION FORM

Date:/
□ Mr □Mrs □Miss □ Dr □ other
SURNAME
FIRST NAME
SURNAME FIRST NAME DATE OF BIRTH//
GENDER:   MALE   FEMALE   OTHER
POSTAL ADDRESS
A CONTRACTOR OF THE CONTRACTOR
SUBURB
POSTCODE
CONTACT NUMBER:
MOBILE WORK
HOME
EMAIL ADDRESS
EMAIL ADDRESS
EMERGENCY CONTACT:
NAME
Mobile
Working With Children Check:
Banking Details:
Name
BSB
Account
Super Details
Fund:
Membership number:

