**New Therapist Form**

### *If everything has gone well so far (pre-screen, interview and reference check) you are ready to welcome your new team member into the family! You also want to use this opportunity to tie up any lose ends and organise any documents/set ups before their start date.*

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| **Staff Name:** |  |
| **Date of completion:** |  |
| **Job position:** |  |
| **Employment start date:** |  |
| *Personal Details* | |
| **DOB** |  |
| **Contact Number** |  |
| **Address** |  |
| **Emergency Contact Name** |  |
| **Contact Number** |  |
| **Relationship to you** |  |
| *Medical Details* | |
| **Physical Health** *(the below questions are in relation to any conditions that may impact on the inherent duties of your role)* | |
| **Please list any relevant medical conditions** |  |
| **Please list any previous accidents/injuries** |  |
| **Please list any relevant medication** |  |
| **Please list any relevant allergies** |  |
| **Other** |  |
| **Mental Health** *(the below questions are in relation to any conditions that may impact on the inherent duties of your role)* | |
| **Please list any relevant mental health conditions** |  |
| **Please list any relevant medication / treatment** |  |
| **Other** |  |
| *Payment Details (please include bank and superannuation details for the purposes of processing your pay)* | |
| **Bank details** |  |
| **Account details** |  |
| **Superannuation Fund Name** |  |
| **Superannuation Fund Account number** |  |

Additional comments/information if needed:

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| **Signed by employee:** |  | **Date:** | / / |