

## Please write in **CAPITALs** and legibly

## **Personal Details**

Employee Name:			
Employee Name:	First name(s)	Middle name(s,	Surname
Preferred Name:		_	
	your name is an integra use the name that you (		For your ID Badge and email, we want you to
Personal Pronouns:	☐ She/her ☐ He/him	☐ They/them Other:	;
Address:			
Personal Mobile:			
Email:			(email address for your payslips to be sent to)
		•	tacts. Please ensure this information
First name	Last ı	name:	Relationship
Phone work/home:	Mobil	le:	Email:
First name	Last ı	name:	Relationship
Phone work/home:	Mobil	le:	Email:
	ement, internet banking		s. Attach a copy of the bank account slip – <b>OR</b> print the number below):

Please continue to page 2



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## **Personal Biographical Details**

Electronic Signature

Filling in this section is totally voluntary, but helps us in two ways:

- It lets us understand and report on our overall staffing profile, which does not identify specific kaimahi.
- It means we can get in touch to consult on matters related to a group you've said your part of.

These details aren't used for anything else. If you would like to share this information, please fill out as much or as little as you want, choosing the option or options that make the most sense to you.

Gender Identity	☐ Female ☐ Male ☐ Another Gender ☐ I am:				
Nationality (as s	stated on your passport):				
Ethnicity:	thnicity: ☐ Asian ☐ European/Pākehā ☐ Māori ☐ Middle Eastern/Latin American/Africa (MELAA) ☐ Pacific Peoples ☐ Other Ethnicity				
	Detailed ethnicity grouping:				
	to capture your ethnicity at both the high level, and detailed level. You are welcome to identify with more than ty grouping and specify individual ethnicity groups also.				
lwi:					
	ii: If you have selected Māori ethnicity, you are welcome to be part of Ngā Whetū Ririki – Māori Sta onsent to have your details passed on and receive information about Ngā Whetū Ririki :	ff			
□ Yes □ No					
Highest Qualifi	cation Level: ☐ NZQA 1 ☐ NZQA 2 ☐ NZQA 3 ☐ Certificate ☐ Diploma ☐ Degree ☐ Masters ☐ Doctorate				
Major/ Topic					
Issuing Institution	1				
Disability:	□ Physical □ Hearing □ Psychological □ Vision □ Intellectual				
	☐ Other (speaking, learning, memory, and developmental)				
Declaration: I confirm the abo	ve is a true and correct representation of my details:				
Signature_	Date				