# **HUMAN RESOURCE REGISTER**

**Person Responsible for Upkeep Last Updated**

**Presented to -** Include your meetings & frequency - Governing Body, Management Meetings

**Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Details** | | | | | |
|  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |
| First Name |  |  |  |  |  |  |
| Title |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Gender |  |  |  |  |  |  |
| Date of Birth |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |
| Suburb |  |  |  |  |  |  |
| State |  |  |  |  |  |  |
| Post Code |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TFN – Tax File Number |  |  |  |  |  |  |
| Superfund Name |  |  |  |  |  |  |
| Superfund Member # |  |  |  |  |  |  |

**Required Worker Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Details** | | | | | |
| Position |  |  |  |  |  |  |
| Induction Completed | Date | Date | Date | Date | Date | Date |
| Worker ID Completed\* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Right to Work Evidenced\* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
|  |  |  |  |  |  |
| Registration No. &  Expiry Date\* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| AHPRA / Membership Number\* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Years of Experience\* |  |  |  |  |  |  |
| Evidence of Any Specialist Qualifications / Training Required\* | Insert details if / as applicable |  |  |  |  |  |
| Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Approved NDIS Registration Groups | e.g. Therapeutic Supports, Specialised Behavioural Supports |  |  |  |  |  |  |  |  |  |
| Specialised Communication Skills - languages other than English, Makaton, Auslan, Assistive Technology |  |  |  |  |  |  |
| WWC Number & Expiry Date\* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Police Check Number & Expiry Date \* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Any other checks required by your state \* | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Performance Review Date |  |  |  |  |  |  |
| Driver’s Licence Number | Do staff drive for work purposes? If not take out this section |  |  |  |  |  |
| Car Registration Number |  |  |  |  |  |  |
| Car Insurance Policy Number | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |
| Professional memberships / positions | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept | Original Sighted and Copy Kept |
| Date | Date | Date | Date | Date | Date |

**\* Notes:**

It is VERY important that you check the document and the site listed below for your specific requirements or you could be non-compliant.

Requirements are spelt out in this document - [NDIS Practice Standards: Verification Module - Required Documentation](https://www.ndiscommission.gov.au/document/1051) Jan 2020.

* Page 4-5 for ID & Right to work – for sole traders / partnerships **Note:** Updated changes to Verification (Jan 2020) means these are no longer set as requirements for Bodies Corporate. However, as a Body Corp, you are expected to meet your legislative duties in this regard, hence you should be ensuring your workers are who they say they are and have the right to work. Whether you choose to do that in the HR Register, or elsewhere, is your decision
* Page 7 for Worker Screening Requirements (Also: see below + there are plans to introduce a National Scheme from 1 Jul 2020)
* Page 8 onwards for Quals and experience requirements

Specific state / territory requirements for worker screening are spelt out on the Commission website - [Worker Screening](https://www.ndiscommission.gov.au/node/371#06).