



## Self Declaration Regarding Employment

### Participant Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Case Manager: \_\_\_\_\_

### Employment Details

Company/ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Job Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment Type:

- Full time employment (more than 30 hours per week)
- Part time employment (less than 30 hours per week)
- Contract / Temporary Employment
- Relief / On Call Employment



Please complete both  
sides of the form

Employment Start Date: \_\_\_\_\_

Employment End Date (temporary / contract employment only): \_\_\_\_\_

Pay Date(s): \_\_\_\_\_

Wage / Salary: \_\_\_\_\_

Actual / Estimated Monthly Earnings: \_\_\_\_\_

Do you expect your hours to vary each week?

Yes

No

Benefit Coverage:

Yes

No

Benefit Coverage Start Date: \_\_\_\_\_

I declare that the information provided above is true to the best of my knowledge and belief and that no information required to be given has been withheld or omitted.

Signature: \_\_\_\_\_

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

**If you require items / services to begin employment please include a request for benefits with this form.**