

Legal Work Status	
Visa Type (If applicable)	
Visa Subclass (If applicable)	
Date of birth	
Gender	
Given Name	
Surname	
Mobile	
Email	
Home Address	
Suburb(Home Address)	
Postcode(Home Address)	
Postal Address	
Suburb(Postal Address)	
Postcode(Postal Address)	
Drivers License No	
Fork License No (If applicable)	
Method of Transport	
Previously Employed by IWF	
Previous Iwf employment details	

Heard about position from	
Eye Prescription (Glasses)	
Past serious health problems	
Details of Previous health problems (If applicable)	
Current Medical Treatment	
Details of current medical treatment (If applicable)	
Shirt Size	
Previous Workcover details (If Claimed)	
Smoker	
Eft Details	
Email Address	
Bank Name	
Name in which account is held	
BSB	
Account Number	
Tax File Number	
Superannuation Fund Name	
Superannuation Membership Number	
Superannuation USI	

