**SCHEDULE**

**ITEM 1**

Date of this Agreement:

Starting date:

**ITEM 2**

The Employee

Name:

Street Address:

Home Telephone:

Mobile Phone:

Email address:

Next of Kin (in the event of emergency)

Name:

Relationship:

Emergency contact telephone no:

**ITEM 3** [Clause 1(a)]

The Position:

**ITEM 4** [Clause 1(a)]

**ITEM 5** [Clause 1(a)]

Location:

**ITEM 6** [Clause 2(a)]

Probationary period:

**ITEM 7** [Clause 3(a)]

Hours of work:

**ITEM 8** [Clause 3(a)]

Days of work:

**ITEM 9** [Clause 5(a)]

Wages:

**ITEM 10** [Clause 5(a)]

Payment period:

**ITEM 11** [Clause 5(b)]

Superannuation Fund:

The Company will make superannuation contributions in accordance with the Superannuation Guarantee (Administration) Act 1992. Contributions will be paid on your behalf into either the Company’s superannuation fund, or another complying fund nominated by you.

**ITEM 12A** [Clause 5(d)] N/A

**ITEM 12B** [Clause 5(d)] N/A

**ITEM 13** [Clause 5(e)] N/A

**ITEM 14** [Clause 6(a)]

Annual Leave:

**ITEM 15** [Clause 10(b)] and Clause 10(d)]

Termination Notice period:

**ITEM 16** [Clause 13(a) and Clause 13(b)]

Professional / Trade Association(s):

**ITEM 17** [Clause 14(a)]

Licenses: