



Please return the completed Entity Information Form to:

The Fair Work Ombudsman
GPO Box 9887
IN YOUR CAPITAL CITY

Mark it to the attention of the Fair Work Inspector named in the letter of instructions you received with this form.

Entity information: Section A

1 Entity's legal name

The entity's legal name is the name that appears on all official documents or legal papers and may be different from the name the entity trades under. Some examples of the entity's legal name are:

- Partnerships - the entity name will be the names of the partners
Australian companies - the entity name will be the company name registered by ASIC
Sole traders - the entity name will be the name of the sole trader

Text input field for legal name

2 Entity's trading name or business name

The trading name that the entity is known as by suppliers or customers (e.g. 'Joe's Catering').

Text input field for trading name

3 ABN / ACN

Grid of 11 boxes for ABN/ACN digits

4 Is the entity registered with ASIC?

YES [] NO []

If no, please specify the type of entity (e.g. partnership, sole trader, State/Territory incorporated entity).

Text input field for entity type

5 Is the entity's operation subject to the terms of a trust deed, or does the entity operate under a trust?

YES [] NO []

If yes, include the trustee's name and details. For example, 'Joe Bloggs Pty Ltd as trustee for the Joe Bloggs Family Trust'.

Note: A trust is not a separate legal entity and cannot contract in its own right. A trust cannot be an employer.

Three stacked text input fields for trustee details

6 Are you a member of an employer association?

YES [] NO []

If yes, please specify.

Text input field for employer association details

7 Who is the authorised contact person for the entity?

Give details of the person authorised to make changes or update information on behalf of the entity. This person may be contacted for more information.

Title Mr Mrs Ms Miss Dr Other (please specify) _____

Given name

Family name

Position

Phone (business) Mobile

Fax Email

Postal address

8 Did you purchase the business from another employer? YES NO

9 DECLARATION I declare that I am authorised by the entity to complete this form on its behalf.

Signature Date

Employee information: Section B

Note: If you do not have any employees, please complete only Section A 'Entity Information' and return this form to the relevant Fair Work Inspector.

- 1 As at 1 January 2010, the laws surrounding industrial instruments changed. Are you aware of which of the following current instruments (if any) cover and apply to your employees?
- Modern award
 - Award-based transitional instrument
 - Agreement-based transitional instrument
 - Division 2B State award*
 - Division 2B State employment agreement*
 - Enterprise Agreement
 - Transitional awards
 - Other:

*These are State employment instruments that were in operation immediately before 1 January 2010, and have since moved into the national workplace relations system.

2 Please specify the name of the industrial instrument(s) used (e.g. *General Retail Industry Award 2010*).

- ▲ 3 Have you reviewed pay rates in the last 6 months? YES NO
- ▲ 4 Have you met your superannuation obligations? YES NO
- ▲ 5 Have you kept superannuation payment records? YES NO
- ▲ 6 How much superannuation did you pay for all of your employees (combined) in the last financial year? \$
- ▲ 7 How many employees work in your business?
 1-4 5-14 15-49 50-99 100-199 200+
- ▲ 8 Employees' details. Please fill in the form below

Employee categories	Do you have employees in this category?		If yes, provide the total number of employees in category
Aboriginal & Torres Strait Islander	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Apprentice - People employed under a legally binding training arrangement (usually up to 4 years) that combines structured training with paid employment and that takes effect under a state or territory law relating to training employees.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Trainee - People employed under a legally binding training arrangement (e.g. 12 months to three years) that combines structured training with paid employment and that takes effect under a state or territory law relating to training employees.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Young person (21 and under)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Disability - People with an impairment, activity limitation and participation restriction, including intellectual disability, physical disability, sensory disability.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Language other than English	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
People born overseas or in Australia whose first language is a language other than English.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employees aged 45 years and over	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Outworker - People given articles or materials to be made up, cleaned, altered, finished or repaired at their own home or other location. The location is not regarded as a place where business or commercial activity is done.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Pieceworker - People generally paid on the basis of results achieved or components produced (e.g. a fruit picker paid on a rate per bucket of fruit picked).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
457 Visa Holders	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other Visa Holders (e.g. working holiday visa)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Female employees	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Male employees	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employee information: Section B

Complete the form on page 4 and attach a sample payslip.

▲ **More than 30 employees?**

Contact the Fair Work Inspector named in the information letter to discuss the appropriate number of records to provide.

▲ **Less than 30 employees?** Fill out the form overleaf. Print more if you need to.

Employee name	Position	Classification <small>under the relevant industrial instrument or the AWA/ITEA lodgement number</small>	Status <small>(full-time, part-time, casual)</small>	Date of birth <small>(if under 21 years of age)</small>	Date started employment	Attached timesheets?	Attached wage records? <small>(including a sample payslip)</small>
Example, Mr A Employee	Head chef, full control of kitchen	Level 6	Full-time	Over 21	01/02/08	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Example, Mr A Employee	Shop assistant, not a supervisor	Level 2	Part-time	01/01/1985	03/06/07	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

www.fairwork.gov.au
 Fair Work Infoline 13 13 94
 Mon-Fri 8.00am-6.00pm local time



Australian Government

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