



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.