

Mandatory forms

Councillor induction pack 2019



The information in this booklet needs to be returned to ensure you are set up correctly in the Council systems.

Please return the signed booklet to
Elected Member Support Team by
23 October 2019.

Please use the pre-paid envelope
to send back the booklet to us.
Alternatively, you could drop it
in person at Council office:

██████████
113 The Terrace (Tahiwi)
Wellington

If you need assistance please
contact **Crispian Franklin**

Phone
Mobile



Elected Members Sign on Form

Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke

Personal details	
Salutation:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Hon <input type="checkbox"/> Sir <input type="checkbox"/> Dame <input type="checkbox"/> Other:
Full name:	
Preferred name:	
Partner's name:	

Personal details			
Mailing Address	Apartment / Unit / PO Box Number:		
	Street Number:	Street Name:	
	Suburb or RD Number:	City:	Postcode:
Residential Address <i>If different from above; used for courier mail</i>	Apartment / Unit / PO Box Number:		
	Street Number:	Street Name:	
	Suburb or RD Number:	City:	Postcode:
Courier Instructions:	<i>Are there any special delivery instructions for courier deliveries? Including courier deliveries outside of normal working hours e.g. leave at backdoor?</i>		
Home telephone:			
Work telephone:			
Mobile number:			
Email address:			

Vehicle Details (Mayor and Councillors Only) <i>This information is required for the use of the Basement Carpark at WCC</i>	
Make:	Model:
Registration:	
Colour:	
Make:	Model:
Registration:	
Colour:	
Make:	Model:
Registration:	
Colour:	

Elected Members are assigned with only one car park

Withholding Tax Payment

DATE OF SERVICE

Absolutely Positively
Wellington City Council
Me Heke Ki Pōneke

To determine if you should be deducting withholding tax you need to establish if the nature of the payment falls under the Income Tax (*Withholding Payments*) Regulations. The easiest way to do this is to refer to the back of the IR330 Tax Code Declaration form. If you are in a group of musicians or band, you may nominate a spokesperson for the payment of the whole group, otherwise each member will need to complete an individual IR330 Tax form and Withholding Tax Payment form.

Personal details																					
Full name:																					
Address:																					
Home telephone:	Work telephone:																				
Name of Bank:																					
Bank Account Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
IRD Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> GST Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
To be Taxed at the Rate of Cents:	Tax Code: WT																				
Brief description of services provided:																					
Gross Amount to be paid: \$																					

Business Unit Manager to Complete	
Business Unit Name:	
Cost Centre:	Project Code:
PAY AUTHORISATION:	
Signature:	Name:
Designation:	

Gross Amount (<i>WHT</i>)	\$
Plus 15% GST (<i>GST</i>)	\$
GST inclusive	\$
Less Withholding Tax	\$
Net Payment	\$

Deposit slip or bank statement

CONFIDENTIAL

Deposit Slip or Bank Statement

Please attach a copy of a deposit slip or bank statement of your designated bank account here:

Passport

Please attach a copy of your passport. This is required for any travel that may be taken during your term

If you are an AirNZ frequent flyer member, please write your number here:

Employer Do not send this form to Inland Revenue. You must keep this completed IR330 with your business records for seven years following the last wage payment you make to the employee.

Employee When you have completed your IR330, give it to your employer.

1 Your details

First name/s (in full)

Family name

IRD number (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

If you don't know your IRD number or you don't have an IRD number, call us on 0800 227 774.

If you want to pay your child support through your employer, talk to us on 0800 221 221 and we can set that up for you.

Are you a KiwiSaver member? New employee - complete the KS2. Existing KiwiSaver member - complete the KS2 to start deductions.

2 Your tax code

You must complete a separate *Tax code declaration (IR330)* for each source of income

Choose only ONE tax code Refer to the flowchart on page 2 and then enter a tax code here.

Tax code

If you're a **casual agricultural worker, shearer, shearing shedhand, recognised seasonal worker, election day worker**, have a **special tax code** or are receiving **schedular payments**, refer to "Other tax code options" at the bottom of page 2, choose your tax code and enter it in the tax code circle.

If your tax code is "WT" write your schedular payment activity from page 4 here.

3 Your entitlement to work

I am entitled under the Immigration Act 2009 to do the work that this tax code declaration relates to (tick the box that applies to you).

I am a New Zealand or Australian citizen or am entitled to work indefinitely in New Zealand.

I hold a valid visa with conditions allowing work in New Zealand.

Find out whether you are entitled to work in New Zealand by calling 0508 558 855 or 09 914 4100.

Your employer can check your work entitlement status through VisaView www.immigration.govt.nz/visaview if they are registered for this service, or by calling Immigration New Zealand on one of these numbers:

Auckland toll-free calling area 09 969 1458

Wellington 04 910 9916

Other parts of New Zealand 0508 WORK NZ

Your employer may also ask you for additional evidence about your entitlement to work status.

Note to employers: It is an offence to employ someone who is not entitled to work under the Immigration Act 2009. An employer has a defence if the employer did not know the person was not entitled to work, took reasonable precautions and exercised due diligence to ascertain whether the person was entitled to do the work. Relying solely on this IR330 form does not constitute reasonable precautions or due diligence. Instead, employers may check entitlements using the online VisaView service (www.immigration.govt.nz/visaview) or by contacting Immigration New Zealand or by seeking documentary evidence.

4 Declaration

Signature

		2	0
Day	Month	Year	

Please give this completed form to your employer. If you don't complete Questions 1, 2 and 4, your employer must deduct tax from your pay at the no-notification rate of 45 cents (plus earners' levy) in the dollar. For the no-notification rate on schedular payments see the table on page 4.

Privacy

Meeting your tax obligations means giving us accurate information so we can assess your liabilities or your entitlements under the Acts we administer. We may charge penalties if you don't.

We may also exchange information about you with:

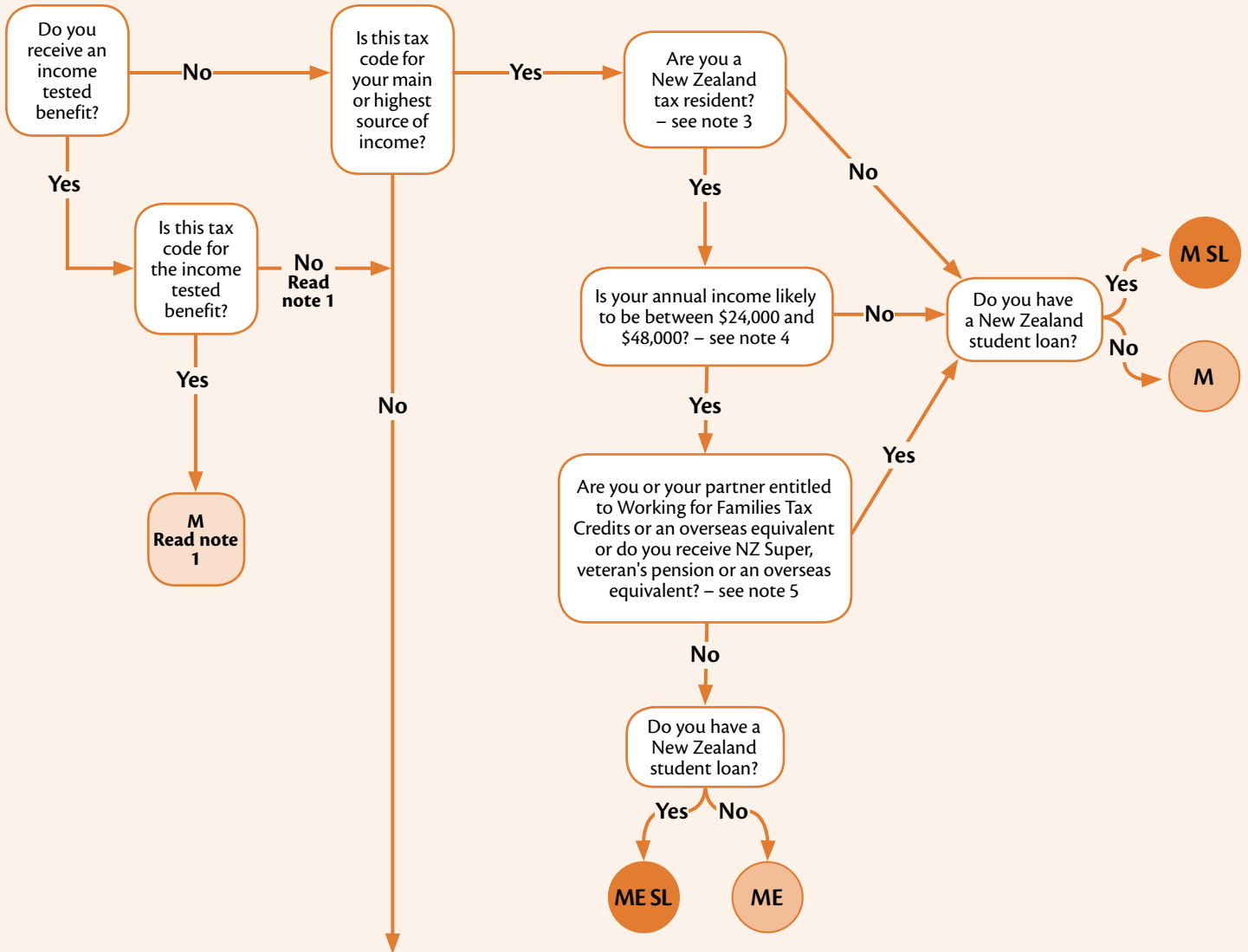
- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

RESET FORM

If you ask to see the personal information we hold about you, we'll show you and correct any errors, unless we have a lawful reason not to. Call us on 0800 377 774 for more information. For full details of our privacy policy go to www.ird.govt.nz (keyword: privacy).

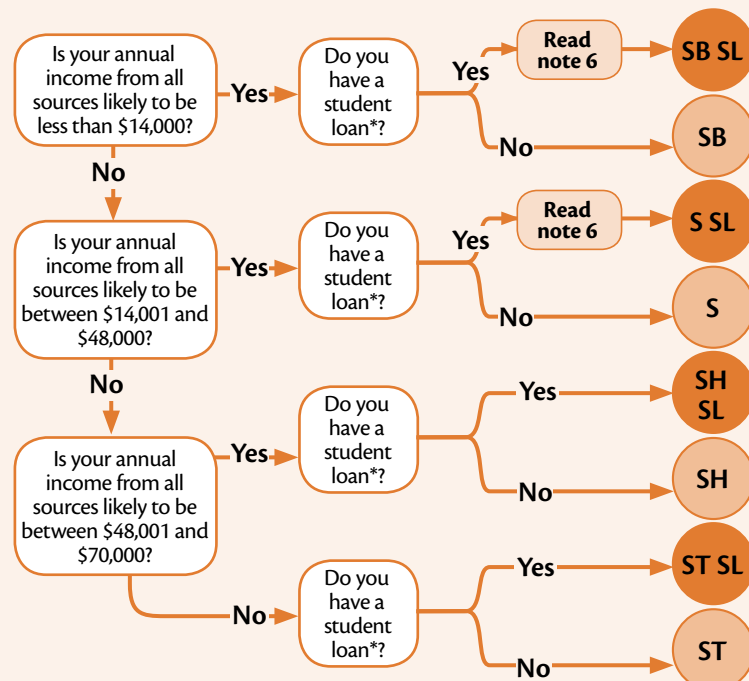
Salary and wages – main or highest source of income

Choose your tax code here if you receive salary or wages. See secondary income and other tax code options below for secondary jobs or income from other sources



Secondary income

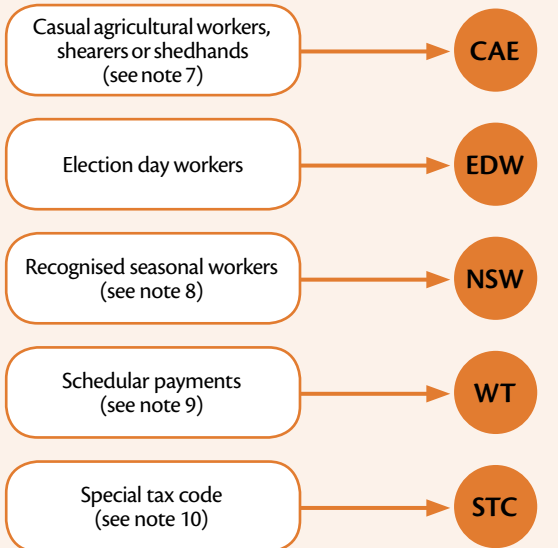
Use this flow chart for your secondary income source



* Relates to New Zealand student loans only

Other tax code options:

Use the tax code shown if you receive any of the following types of income or you have a special tax code



When you've worked out your tax code, enter it in the tax code circle at Question 2 on page 1.

Important: You may need to change your tax code if your circumstances change during the year. For example:

- you take out a student loan or pay it off
- start or stop being eligible to use ME or ME SL (see note 5 below)
- you have a second job and your income decreases or increases, changing the code you should be using.

Notes to help you complete this form

1. If you receive a **benefit from Work and Income** (other than a student allowance, NZ super or veteran's pension) it is treated as your highest source of income and you must use the "M" tax code for this income. **You must use the secondary income section on page 2 to work out your tax code for any other taxable income.**
If you choose a secondary tax code of "S" or "S SL" and you'll earn more from your secondary job than your benefit, you may pay more tax than you're required to for that job. You can apply for a **special tax code** so that the right amount of tax is deducted – read note 10 for more information about special tax codes.
2. **Source of income** means income such as salary, wages, weekly accident compensation payments, NZ Super, veteran's weekly compensation, veteran's pension or student allowance.
3. You are a New Zealand tax resident in any of these situations:
 - You've been in New Zealand for more than 183 days in any 12-month period and haven't become a non-resident.
 - You have a permanent place of abode in New Zealand.
 - You're away from New Zealand in the service of the New Zealand Government.
4. Your **annual income** is your total income (before tax is deducted) from all sources, from 1 April to 31 March, excluding losses carried forward from a previous year.
5. If you or your partner are entitled to receive WfFTC or an overseas equivalent, or if you receive NZ Super, veteran's pension or an overseas equivalent of any of these, your tax code is "M" (or "M SL" if you have a student loan). You're not eligible to use "ME" or "ME SL".
For more information about WfFTC go to www.ird.govt.nz
6. You may be eligible for a repayment deduction exemption on your salary and wage income if you:
 - have a student loan
 - are studying full-time in New Zealand
 - expect to earn below the annual repayment threshold from all sources
 - earn above the pay-period repayment threshold.If you have a student loan and you choose "SB SL" or "S SL" for your tax code, you may pay more towards your student loan than you need to. If you earn under the pay period repayment threshold, eg, \$367 a week from your main job, you can apply for a special deduction rate to reduce your student loan repayment deductions on your secondary earnings.
For more information about repayment deduction exceptions and special deduction rates go to www.ird.govt.nz/studentloans
If you already have a repayment deduction exception or special deduction rate for your student loan but your circumstances have changed, you'll need to update your details so we can check you're still eligible. You can do this at www.ird.govt.nz or by calling 0800 227 774.
7. **Casual agricultural workers** are people engaged in casual seasonal work on a day-to-day basis, for up to three months. This includes shearers and shearing shedhands.
8. If you are a recognised seasonal worker or hold a work visa as foreign crew of a vessel fishing New Zealand waters, you will use the "NSW" code. **Recognised seasonal workers** must be employed by a registered employer under the Recognised Seasonal Employers' Scheme and are employed in the horticulture or viticulture industries. You must have a visa and/or a permit issued under the Recognised Employer Work Policy. See www.dol.govt.nz (search keyword: seasonal).
9. **Schedular payments** are for contract work, not salary or wages. ACC personal service rehabilitation payments paid by ACC or an accredited employer are schedular payments. You'll need to find your schedular payment activity on page 4 and write this in the space provided in Question 2 on page 1.
ACC personal service rehabilitation payments include attendant care, home help, childcare, attendant care services related to training for independence, attendant care services related to transport for independence, paid under the Injury Prevention and Rehabilitation Compensation Act 2001.
10. If you have a current **special tax code** certificate, show "STC" as your tax code on page 1 and attach a copy of your special tax code certificate to this declaration form.
A special tax code is a tax deduction rate worked out to suit your individual circumstances. You may want one if the regular tax codes will result in you not paying enough tax or paying too much. For example if you have a rental property, business losses, income that doesn't have tax deducted before you receive it, you receive payments from either ACC or an ACC client for providing ACC personal service rehabilitation care and you expect to earn over \$14,000 from all sources, or if you're on a benefit and working. Go to www.ird.govt.nz or call us on 0800 227 774 for more information. You can get a *Special tax code application (IR23BS)* from our website or by calling 0800 257 773. Please have your IRD number handy.

Note If you need help choosing your tax code please go to www.ird.govt.nz or call us on 0800 227 774.

Rate of tax deductions from schedular payments

Schedular payments are not for employees, they are for people who are independent contractors. All ACC personal service rehabilitation payments which are paid by ACC are classified as schedular payments. These payments are taxed at flat rates. If you are receiving payment for any of the types of work listed below on contract, enter the activity name in the box at Question 2 on page 1.

Your tax code will be "WT", which means you'll be required to file an **IR3** tax return at the end of the financial year. ACC clients or carers receiving ACC personal service rehabilitation payments may not be required to file an IR3. If you receive schedular payments you will receive an invoice for your ACC levies directly from ACC.

Activity	Normal tax rate	Rate if no tax code declared
ACC personal service rehabilitation payments (attendant care, home help, childcare, attendant care services related to training for independence and attendant care services related to transport for independence) paid under the Injury Prevention and Rehabilitation Compensation Act 2001.	10.5c	25.5c
Agricultural contracts for maintenance, development, or other work on farming or agricultural land (not to be used where CAE code applies)	15c	30c
Agricultural, horticultural or viticultural contracts by any type of contractor (individual, partnership, trust or company) for work or services rendered under contract or arrangement for the supply of labour, or substantially for the supply of labour on land in connection with fruit crops, orchards, vegetables or vineyards	15c	30c
Apprentice jockeys or drivers	15c	30c
Cleaning office, business, institution, or other premises (except residential) or cleaning or laundering plant, vehicles, furniture etc	20c	35c
Commissions to insurance agents and sub-agents and salespeople	20c	35c
Company directors' (fees)	33c	48c
Contracts wholly or substantially for labour only in the building industry	20c	35c
Demonstrating goods or appliances	25c	40c
Entertainers (New Zealand resident only) such as lecturers, presenters, participants in sporting events, and radio, television, stage and film performers	20c	35c
Examiners (fees payable)	33c	48c
Forestry or bush work of all kinds, or flax planting or cutting	15c	30c
Freelance contributions to newspapers, journals (eg, articles, photographs, cartoons) or for radio, television or stage productions	25c	40c
Gardening, grass or hedge cutting, or weed or vermin destruction (for an office, business or institution)	20c	35c
Honoraria	33c	48c
Modelling	20c	35c
Non-resident entertainers and professional sportspeople visiting New Zealand ¹	20c	N/A
Payments for:		
– caretaking or acting as a guard	15c	30c
– mail contracting	15c	30c
– milk delivery	15c	30c
– refuse removal, street or road cleaning	15c	30c
– transport of school children	15c	30c
Proceeds from sales of:		
– eels (not retail sales)	25c	40c
– greenstone (not retail sales)	25c	40c
– sphagnum moss (not retail sales)	25c	40c
– whitebait (not retail sales)	25c	40c
– wild deer, pigs or goats or parts of these animals	25c	40c
Public office holders (fees)	33c	48c
Sharefishing (on contract for the supply of labour only)	20c	35c
Shearing or droving (not to be used where CAE code applies)	15c	30c
Television, video or film: on-set and off-set production processes (New Zealand residents only)	20c	35c
If you are a non-resident contractor receiving a contract payment for a contract activity or service and none of the above activities are applicable, then: ²		
Non-resident contractor (and not a company)	15c	30c
Non-resident contractor (and a company)	15c	20c

¹ The following may be entitled to exemption from tax:

- non-resident entertainers taking part in a cultural programme sponsored by a government or promoted by an overseas non-profit cultural organisation
- non-resident sportspeople officially representing an overseas national sports body.

Send applications for exemption to:

Team Leader, Non-resident Entertainment Unit, Large Enterprises Assistance, PO Box 5542, Wellesley Street, Auckland 1141, New Zealand.
Fax 09 984 3082

² Applications for exemption certificates or enquiries about non-resident contractors should be sent to:

Team Leader, Non-resident Contractors Team, Large Enterprises Assistance, PO Box 2198, Wellington 6140 New Zealand.
Phone 64 4 890 3056 Fax 64 4 890 4502

Note If you need help choosing your tax code please go to www.ird.govt.nz or call us on 0800 227 774.

Register of interests

CONFIDENTIAL

As part of the Annual Report process, all Councillors are asked to update their conflict of interest declarations and declare any transactions with related parties. This information is required to be disclosed in the Annual Report. We have changed the usual form to incorporate details on any related party transactions that need to be declared. The list of Conflicts of Interest is made publicly available on the Council's website.

Examples of where interests can give rise to a potential conflict of interests are:

- Being an employee, advisor, director or partner of another business or organisation;
- Pursuing a business opportunity;
- Being a member of a club, society or association;
- Having a professional or legal obligation to someone else (such as being a trustee);
- Owning or occupying a piece of land;
- Owning shares or some other investment or asset;
- Having received a gift, hospitality, or other benefit from someone;
- Being a relative or close friend of someone who has one of these interests.

Your Council made appointments to outside organisations, Boards and Trusts will be included after appointments have been made.

In the following table please state any financial interests (e.g. ownership/share of a company; director/trustee of a trust; business dealings or interests that could give rise to, or do involve, a contract with the Wellington City Council; ownership of property; employment) **you** have and **your** relationship to that interest:

Interest	Relationship (e.g. owner, director, employee, trustee)

* Further declarations can be made over the page.

In the following table please state any financial interests (e.g. ownership/share of a company; director/trustee of a trust; business dealings or interests that could give rise to, or do involve, a contract with the Wellington City Council; ownership of property; employment) your **spouse/partner** has and **his/her** relationship to that interest:

Interest	Relationship (e.g. owner, director, employee, trustee)

* Further declarations can be made over the page.

Interest	Relationship (e.g. owner, director, employee, trustee)

Declaration for your spouse/partner:

Interest	Relationship (e.g. owner, director, employee, trustee)

Declaration

I have read and understood the *Conflict of Interest Guidelines*, and have stated all of my and my spouse/partner's financial interests which may lead me to have a conflict of interest in my role as an elected member.

Signature:

Name:

Date:

Declaration for you:




New & Replacement Access/ID Card Application Form

Your information and photo is collected for physical and System Security Identification purposes.

Employee Details <i>(please print in capitals)</i>			
First Name:		Directorate/Company:	
Last Name:		Position:	
BU:	Team:	Phone:	

New or Existing ID Cardholder		
<input type="checkbox"/> New card	<input type="checkbox"/> attach named jpeg photo	Note: To opt out of using your security photo for internal systems i.e Pokapu, Jabber. <input type="checkbox"/> Please tick here
<input type="checkbox"/> Replacement Card <i>(return OLD card if not lost)</i>		

Please use the below requirements to capture the correct photo of new staff or contractors.	
<ul style="list-style-type: none">• White/pale background ONLY• Not up against the wall but a least one metre gap• Prescription glasses only• Plenty of room all the way around the person - includes the top• No close up• No hats of any type• No sunglasses anywhere on head• No selfies• A nice smile would be good• Clear not blurry• Jpeg format	

Cardholder Update <i>(Please return your existing cards, if not lost)</i>	
<input type="checkbox"/> Change to personal details	<input type="checkbox"/> Change to access required

Select Template		
<input type="checkbox"/> Staff	<input type="checkbox"/> MOW	<input type="checkbox"/> NZSO
<input type="checkbox"/> Contractor (City Care, Spotless, DD etc) <i>(Attach copy of Contractor Health & Safety Induction checklist for contractors only)</i>	<input type="checkbox"/> CGW	<input type="checkbox"/> Wgtn I-Site
	<input type="checkbox"/> Capital E	<input type="checkbox"/> Wgtn Zoo

Access Required (please print in capitals)

Suitable for contractors or casual staff.	<input type="checkbox"/> 7am-7pm <input type="checkbox"/> 8am-5pm	<input type="checkbox"/> Other Remote Site Access:
State which site/building and floor you work on?	<input type="checkbox"/> 113 The Terrace and Civic (HID Cards) can only be programmed for staff working at 113 The Terrace	
	<input type="checkbox"/> Satellite Site:	
*Specify if any special access required	For other floors. e.g. Alarms, Double Swipe etc.	
For Casual, Fix Term Contracts, Contractors, specify dates:	From:	To:

Employee

(Please allow up to **THREE** working days for new/replacement cards to be issued.)

PLEASE NOTE: If you are in possession of an access card, when you submit this form, will automatically DEACTIVATE when the new card is created.

I understand I am responsible for keeping this card safe and agree to the conditions of use as set out below. I also agree to immediately report its loss or theft to Security on [REDACTED].

Conditions of Use:

- Lost or stolen access cards should be reported to security [REDACTED] immediately so that these can be disabled to prevent fraudulent use;
- Cardholders need to ensure they do not allow access to unknown visitors* on their access card by swiping their own access card for them or by lending their own access cards to others;
- All card access is recorded for audit and security purposes and the card holder is responsible for their own access cards and the areas accessed by them;
- Council Access - ID cards must be DISPLAYED as a form of identification at all times.

*Visitors

All legitimate visitors need to be properly signed in and then escorted through to the work areas. Council staff are responsible for their own visitors - especially in the event of an emergency where evacuation may be necessary.

Signed:	Date:
---------	-------

Approving Manager

Name:	Position:
Cost Code:	Activity Code:
Signed:	Date:

Check list

- Form Fully Completed
- Contractor** Health and Safety Induction Completed for Contractors
- Attached Named Jpeg Photo - (no hard copies accepted)
- In one email send to SecurityManagement@wcc.govt.nz - BUS: Security Management

Contractor health and safety Induction checklist

The Health and Safety at Work Act 2015 requires Council to ensure so far as is reasonably practicable, the health and safety of our workers (including contractor and sub-contractor workers) and other people is not put at risk while doing any work the contractor has been engaged to do. The Wellington City Council employee or nominated person will complete the following health and safety induction with any new contractors. This document is the minimum standard requirements and may require further site specifications for individual business units.

WCC employee name:	Date:
Contractor name and company:	Council Site:

Health and Safety Checks:

- Given an overview of the WCC Health and Safety Statement of Commitment (Policy)
- Given an overview of or tour of the facility/site/location, including access, security, toilets, meal rooms
- Facility/site/location health and safety responsibilities explained, including:
 - Council contact person(s) / person(s) to report to
 - Signing in and out of facility/site/location
- Given an overview of the hazard management system, including:
 - Council hazard identification procedure
 - Hazards the contractors may encounter - refer to the site specific hazard register, including controls and safe work practices
 - Hazards the contractors may create - contractor identifies hazards and controls that may arise during the course of their work
- Given an overview of the incident reporting and investigation procedures - including the reporting of all accidents, near miss, unsafe behaviour and unsafe equipment
- Given an overview of the facility/site/location emergency procedures, including evacuation assembly point
- Where applicable given an overview of hazardous substance procedures, including access to Safety Data Sheets
- Location and proper use of Council safety equipment shown
- Council's Code of Conduct explained
- Health & Safety Observations explained - Council will undertake these to monitor contractor H&S performance

Other

I acknowledge that the above information has been received and understood

Contractor name:

Contractor's signature:

Date:

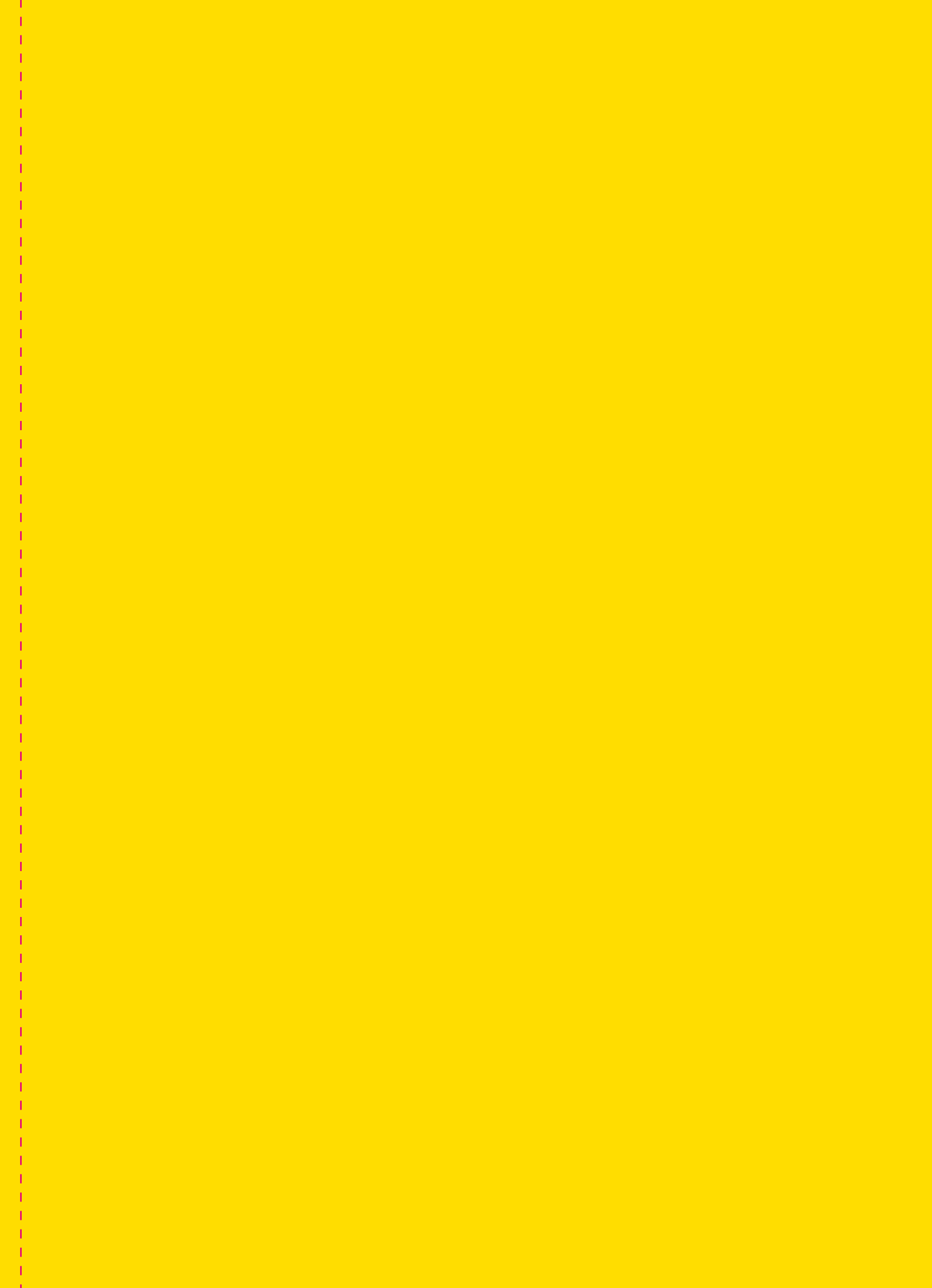
I acknowledge that the induction is complete - please sign and date

WCC Employee Name:

WCC Employee's signature:

Date:

Form saved in contractors record in Risk Manager contractor module



J008923