

# VERMONT PRIMARY SCHOOL ENROLMENT FORM

<b>STUDENT ENROLMENT INFORMATION</b>	Computer Generated Student ID	
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## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

<b>Surname:</b>				<b>Title:</b> (Miss, Ms, Mr)	
<b>First Given Name:</b>			<b>Second Given name:</b>		
<b>Preferred Name:</b> (if applicable)		<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birthdate:</b> /    /	
Proof of birthdate must be sighted					
<b>List any Siblings currently enrolled at the school:</b>					

### PRIMARY FAMILY HOME ADDRESS

<b>No. &amp; Street:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number:</b>					
<b>Mobile Number:</b>					

### PRIMARY FAMILY MAILING ADDRESS: WRITE "AS ABOVE" IF THE SAME AS FAMILY HOME ADDRESS

<b>No. &amp; Street PO Box details:</b>				
<b>Suburb:</b>				
<b>State:</b>		<b>Postcode:</b>		

### PRIMARY FAMILY LIVING ARRANGEMENTS

<b>The student lives with the Primary Family:</b> (tick one) If Mostly, Balanced, Occasionally, or Never is ticked, please complete the Alternative Family Section with details of the second family	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never
<b>Send Correspondence addressed to:</b> (tick one)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both Adults

## PRIMARY FAMILY DETAILS

NOTE: THE "PRIMARY FAMILY IS "THE FAMILY OR PARENT THE STUDENT MOSTLY LIVES WITH". ADDITIONAL AND ALTERNATIVE FAMILY FORMS ARE AVAILABLE FROM THE SCHOOL IF THIS IS REQUIRED. THESE ADDITIONAL FORMS ARE DESIGNED TO CATER FOR VARYING FAMILY CIRCUMSTANCES.

### ADULT A DETAILS (PRIMARY CARER):

Relationship to Student: \_\_\_\_\_

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr)	
Surname:			
First Name:			
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
Does Adult A speak another language other than English at home? (If more than one language is spoken at home, indicate, the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the highest year of Primary or Secondary School Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below			
What is the level of the <i>highest</i> qualification that Adult A has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"><li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</li></ul>			
If the person has not yet been in <u>paid</u> work for the last 12 months, enter 'N'.			

### ADULT B DETAILS (PRIMARY CARER):

Relationship to Student: \_\_\_\_\_

Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: (Ms, Mrs, Mr, Dr)	
Surname:			
First Name:			
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
Does Adult B speak another language other than English at home? (If more than one language is spoken at home, indicate, the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):			
Is an interpreter required? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the highest year of Primary or Secondary School Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below			
What is the level of the <i>highest</i> qualification that Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"><li>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</li></ul>			
If the person has not yet been in <u>paid</u> work for the last 12 months, enter 'N'.			

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

## PRIMARY FAMILY CONTACT DETAILS

### ADULT A CONTACT DETAILS:

#### *Business Hours:*

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during Business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact Information:	

#### *After Hours:*

Is Adult A usually home AFTER Business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contactable Telephone No:	
Other After Hours Contact Information:	
Email address: Please write clearly	

### ADULT B CONTACT DETAILS:

#### *Business Hours:*

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during Business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact Information:	

#### *After Hours:*

Is Adult B usually home AFTER Business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contactable Telephone No:	
Other After Hours Contact Information:	
Email address: Please write clearly	

## PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name:		Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group		
No. & Street or PO Box No:					
Suburb:		State:		Postcode:	
Telephone Number:					
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:			

## PRIMARY FAMILY EMERGENCY CONTACTS:

Other than Adult A or Adult B

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English write "E")
1				
2				
3				

### STUDENT DOCTOR DETAILS

The following details should **ONLY** be provided if **THIS** student has a Doctor and/or Medicare Number different to the Primary Family.

Doctor's Name:		Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group		
No. & Street or PO Box No.:					
Suburb:		State:		Postcode:	
Telephone Number:					
Student Medicare Number:					

### STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has Emergency Contacts other than the Primary Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend, or Other)	Telephone Contact	Language Spoken (If English write "E")
1				
2				

### DEMOGRAPHIC DETAILS OF STUDENT

#### Section A

In which country was the student born?	
<input type="checkbox"/> Australia (skip to section B)	<input type="checkbox"/> Other (please specify)
Date of arrival in Australia OR date of return to Australia: (dd-mm-yyyy)	
What is the Residential Status of the student? (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy)
International Student ID: (Not required for exchange students)	

#### Section B

Does the student speak another language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify)
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander
Students Religion:	

#State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

### PREVIOUS SCHOOL OR KINDERGARTEN DETAILS

<b>Date of first enrolment in an Australian School:</b>		____ / ____ / ____	
<b>Name of previous School or Kindergarten:</b>			
<b>Years of previous education:</b>		<b>What was the language of the student's previous Education?</b>	
<b>Does the student have a Victorian Student Number (VSN)?</b>			
<input type="checkbox"/> Yes Please specify: <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No, the student has never been issued a VSN. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>Is the student an Integration student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the student repeating a year? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the student be attending school full time? (tick)</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>I give the school permission to speak to speak with previous Educational Institutions:</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please attach a copy of any previous year reports or relevant information you may have.

### STUDENT ACCESS OR ACTIVITY RESTRICTION DETAILS

<b>Is the student at risk?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is there an Access Alert for the student? (tick)</b>		<input type="checkbox"/> Yes (If Yes, then complete the Following questions and present A current copy of the document To the school.) <input type="checkbox"/> No (If No, move to the Immunisation/Medical condition details questions.)	
<b>Access Type: (tick)</b>	<input type="checkbox"/> Parenting Order <input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Informal Carer Stat Dec <input type="checkbox"/> Intervention Order <input type="checkbox"/> Protection Order	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>			
<b>Is there an Activity Alert for the student? (tick)</b> For example, Christmas celebrations, sport.		<input type="checkbox"/> Yes. Details: <input type="checkbox"/> No	

### STUDENT MEDICAL DETAILS

#### MEDICAL CONDITION DETAILS:

<b>Does the student have any medical conditions? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Condition/ Allergy/ Diagnosis</b>	<b>Symptoms and further information</b>

**CERTAIN CONDITIONS SUCH AS ASTHMA OR ALLERGIES REQUIRE AN EMERGENCY MANAGEMENT PLAN TO BE COMPLETED**

**MEDICAL CONDITIONS CONTINUED:**

<b>Does the student suffer from any of the following impairments?</b> (tick)	<i>Hearing:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Vision:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Speech:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Mobility:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has your child had Assessments eg. Speech Pathology, Psychology, Hearing, Eyesight.</b> If yes, please provide copies of the reports to the school.					<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SCHOOL CONSENT****CONSENT TO PUBLISH WORK AND IMAGES**

Student's work, images or photos may be published on the internet or in electronic or print media for the purposes of promoting the school and celebrating achievements. Please read additional information provided regarding the publishing of work and images. I consent to the use of my child's work and images to be used in a range of ways including, but not limited to the school newsletter, displays within the school, local newspapers, school website, the school app and the school magazine.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- ☐ I / We give permission to publish work, images or photos
- ☐ I / We do not give permission to publish work, images or photos

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACCIDENT CONSENT**

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or staff member of my child, where the Principal or staff member is unable to contact me, or it is otherwise impractical to contact me to: (cross out any unacceptable statement)

- consent to my children receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first aid as the Principal or staff member may judge to be reasonably necessary

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**LOCAL WALKING EXCURSION CONSENT**

Students in Year 3 to 6 have access to the local Vermont Football Oval and playground equipment during Lunch Time. This area is supervised by 2 teachers during this time. In addition to this, from time to time the children in Foundation to Year 6, under supervision of their teacher, are taken out of the school grounds for a local walking excursion to look at points of interest, for example, environmental studies walk, exploring real life mathematics or walking to The Dell. Parents / Guardians will be notified in advance of all such excursions and the option to opt out will be provided.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEAD LICE**

Head lice often appear in schools. To help control the spread of Head Lice, we ask that you give permission when necessary for your child to have their hair inspected by medical officers designated by School Council.

This consent form will be valid for the duration of my child's attendance at Vermont Primary School. Should the need arise, I give my permission for my child to have his/her hair inspected for Head Lice.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SIGNATORY

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, however, the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have enclosed the following documents (if applicable)

- ☐ Proof of Birth Date (Birth Certificate, Passport)
- ☐ Immunisation Status Certificate
- ☐ Proof of Address (minimum of 3 documents/including 2 current utility bills)
- ☐ Copy of students residency Visa (if applicable)
- ☐ Previous reports completed by support services such as speech therapy, educational psychologist, that will help the school cater for your child's needs.

I am required to complete the following documents for my child: (the school will be in contact)

- ☐ Allergy Management Plan
- ☐ Anaphylaxis Management Plan
- ☐ Asthma Management Plan
- ☐ Details of medical conditions requiring medication – Medication Authority Form
- ☐ Other medical conditions, name: \_\_\_\_\_

### ALTERNATE FAMILY DETAILS

This form is to be completed if the student's parents are separated and the student no longer lives with both parents. This form is to be completed by the parent who **DOES NOT** live at the student's **MAIN** address. (ie. Alternate Family).

#### ADULT A DETAILS (PRIMARY CARER):

Relationship to Student: \_\_\_\_\_

#### ADULT B DETAILS:

Relationship to Student: \_\_\_\_\_

<b>Sex (tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Title:</b> (Ms, Mrs, Mr, Dr)	
<b>Surname:</b>			
<b>First Name:</b>			
<b>What is Adult A's occupation?</b>			
<b>Who is Adult A's employer?</b>			
<b>In which country was Adult A born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
<b>❖ Does Adult A speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify)			
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below').</i>			
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent			
<b>❖ What is the level of the highest qualification that Adult A has completed?</b> (tick one)			
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
<b>❖ What is the occupation group of Adult A? Please select The appropriate parental occupation group from the attached list.</b> • If the person is not currently in paid work but has had a job in the in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in paid work for the last 12 months, enter 'N'.			

<b>Sex (tick):</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Title:</b> (Ms, Mrs, Mr, Dr)	
<b>Surname:</b>			
<b>First Name:</b>			
<b>What is Adult B's occupation?</b>			
<b>Who is Adult B's employer?</b>			
<b>In which country was Adult B born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
<b>❖ Does Adult B speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify)			
<b>❖ What is the highest year of primary or secondary school Adult A has completed?</b> (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below').</i>			
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent			
<b>❖ What is the level of the highest qualification that Adult B has completed?</b> (tick one)			
<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification			
<b>❖ What is the occupation group of Adult A? Please select The appropriate parental occupation group from the attached list.</b> • If the person is not currently in paid work but has had a job in the in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in paid work for the last 12 months, enter 'N'.			



**ALTERNATE FAMILY HOME ADDRESS**

<b>No. &amp; Street or PO Box details:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	
<b>Telephone Number:</b>		<b>Silent Number: (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mobile Number:</b>					

**ALTERNATE FAMILY MAILING ADDRESS: WRITE 'AS ABOVE' IF THE SAME AS FAMILY HOME ADDRESS**

<b>No. &amp; Street or Po Box details:</b>					
<b>Suburb:</b>					
<b>State:</b>					

**ALTERNATE FAMILY CONTACT DETAILS****ADULT A CONTACT DETAILS:*****Business Hours:***

<b>Can we contact Adult A at work? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is Adult A usually home during business hours? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Work Telephone No:</b>	
<b>Other work contact information:</b>	

***After Hours:***

<b>Is Adult A usually home AFTER business hours? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Contactable Telephone No:</b>	
<b>Other After Hours Contact Information:</b>	
<b>Email address: (please write clearly)</b>	

**ADULT B CONTACT DETAILS:*****Business Hours:***

<b>Can we contact Adult B at work? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is Adult B usually home during business hours? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Work Telephone No:</b>	
<b>Other work contact information:</b>	

***After Hours:***

<b>Is Adult B usually home AFTER business hours? (tick)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Contactable Telephone No:</b>	
<b>Other After Hours Contact Information:</b>	
<b>Email address: (please write clearly)</b>	

**ALTERNATE FAMILY EMERGENCY CONTACTS:**

Other than Adult A or Adult B

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English write 'E')
1				
2				

**SIGNATORY**

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, however, the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

### **GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals**

**Senior Executive / Manager / Department Head** in industry, commerce, media or other large organisation

**Public Service Manager** (Section head or above), regional director, health / education / police / fire services administrator

**Other administrator** (school principal, faculty head / dean, library / museum / gallery director, research facility director)

**Defence Forces** Commissioned Officer

**Professionals** - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

*Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional

*Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

*Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

### **GROUP B Other business managers, arts/media/sportspersons and associate professionals**

**Owner / Manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

**Specialist Manager** (finance / engineering / production / personnel / industrial relations / sales / marketing)

**Financial Services Manager** (bank branch manager, finance / investment / insurance broker, credit / loans officer)

**Retail sales / Services manager** (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

**Arts / Media / Sports** (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

**Associate Professionals** - generally have diploma / technical qualifications and support managers and professionals:

*Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional

*Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)

*Defence Forces* senior Non-Commissioned Officer

### **GROUP C Tradesmen/women, clerks and skilled office, sales and service staff**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

**Clerks** (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

**Skilled office, sales and service staff:**

*Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)

*Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)

*Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

**GROUP D Machine operators, hospitality staff, assistants, labourers and related workers**

**Drivers, mobile plant, production / processing machinery and other machinery operators**

**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

**Office assistants, sales assistants and other assistants:**

*Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)

*Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)

*Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

**Labourers and related workers**

*Defence Forces* - ranks below senior NCO not included above

*Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)

*Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)