



<b>STUDENT ENROLMENT INFORMATION</b>	CASES 21 Student ID:										
	Victorian Student Number (VSN)										

## CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided.

<p>Enrolment conditions – The following documentation must be supplied upon student enrolment</p> <ul style="list-style-type: none"> <li>• Original copy of Birth Certificate</li> <li>• Original Passport/Visa if student born/living overseas</li> <li>• School Entry Immunisation Certificate (provided by the Australian Childhood Immunisation Register or Medicare)</li> </ul>
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## STUDENT DETAILS

### PERSONAL DETAILS OF STUDENT

<b>Legal Surname:</b>	<b>Title:</b> (Miss Ms Mr)
<b>Legal First Given Name:</b>	
<b>Legal Second Given Name:</b>	
<b>Preferred Name</b> (if applicable):	
❖ <b>Gender</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date:</b> (dd-mm-yyyy)    ____ / ____ / ____

### PRIMARY FAMILY HOME ADDRESS:

<b>No. &amp; Street Name:</b>	
<b>Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>
<b>Home Telephone Number</b>	<b>Silent Number:</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No

### OFFICE USE ONLY

<b>Child's Name and Birth Date proof sighted</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Enrolment Date:</b>		
<b>Year Level</b>		<b>Home Group</b>		<b>House</b>		<b>LOTE</b> <input type="checkbox"/> Indonesian <input type="checkbox"/> Mandarin
<b>Immunisation Certificate Status?:</b> (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted		
<b>Is there a Medical Alert for the student?</b> (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Does the student have a Disability ID Number?</b> (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Disability ID No.:</b>		
<b>Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?</b> (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending		

### FAMILY DETAILS

<b>List any other family members attending this school:</b>

❖ THIS QUESTION IS ASKED AS A REQUIREMENT OF THE COMMONWEALTH GOVERNMENT. ALL SCHOOLS ACROSS AUSTRALIA ARE REQUIRED TO COLLECT THE SAME INFORMATION.

## 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):

### ADULT B DETAILS:

<b>Gender</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal 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>Please indicate any additional languages spoken by Adult A:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <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 or below
❖ <b>What is the level of the <i>highest</i> qualification the 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>Are you currently employed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe your job:..... ..... How long have you been employed in your current job:.....months/years If less than 12 months please indicate your previous occupation:..... or indicate unemployed <input type="checkbox"/>
OFFICE USE ONLY ❖ <b>Occupation group of Adult A</b> <input type="checkbox"/>

<b>Gender</b> (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title:</b> (Ms, Mrs, Mr, Dr etc)
<b>Legal Surname:</b>
<b>Legal 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>Please indicate any additional languages spoken by Adult B:</b>
<b>Is an interpreter required?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>What is the highest year of primary or secondary school Adult B 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 or below
❖ <b>What is the level of the <i>highest</i> qualification the 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>Are you currently employed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe your job:..... ..... How long have you been employed in your current job:.....months/years If less than 12 months please indicate your previous occupation:..... or indicate unemployed <input type="checkbox"/>
OFFICE USE ONLY ❖ <b>Occupation group of Adult B</b> <input type="checkbox"/>

❖ 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:

**After Hours:**

Is Adult A usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Other After Hours Contact Information:
Mobile No:
SMS Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone
Email Address:
Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No

**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:

**After Hours:**

Is Adult B usually home AFTER business hours? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:
Other After Hours Contact Information:
Mobile No:
SMS Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone
Email Address:
Email Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No

Main language spoken at home:	Preferred language of notices:
Group Participation (eg. School Council, excursions) (tick) <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither	

**PRIMARY FAMILY DOCTOR DETAILS:**

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

**EMERGENCY CONTACTS OTHER THAN PARENTS**

*It is school policy to contact parents first. If we are unable to contact parents the emergency contacts you list below will then be contacted and may be requested to collect your child from school if necessary.*

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

## OTHER PRIMARY FAMILY DETAILS

<b>Relationship of Adult A to Student:</b> (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	
<b>Relationship of Adult B to Student:</b> (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	

**The student lives with the Primary Family:** (tick one)

Always
  Mostly
  Balanced
  Occasionally
  Never

**Send Correspondence addressed to:** (tick one)     Adult A     Adult B     Both Adults

## DEMOGRAPHIC DETAILS OF STUDENT

<b>❖ In which country was the student born?</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify): _____	
<b>Date of arrival in Australia OR Date of return to Australia:</b> (dd-mm-yyyy)                      ____ / ____ / ____	
<b>What is the Residential Status of the student?</b> (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
<b>Basis of Australian Residency:</b> <input type="checkbox"/> Eligible for Australian Passport <input type="checkbox"/> Holds Australian Passport <input type="checkbox"/> Holds Permanent Residency Visa	
<b>Visa Sub Class:</b>	<b>Visa Expiry Date:</b> (dd-mm-yyyy)                      ____ / ____ / ____
<b>Visa Statistical Code:</b> (Required for some sub-classes)	
<b>International Student ID :</b> (Not required for exchange students)	
<b>❖ Does the student speak a language other than English at home?</b> (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): _____	
<b>Does the student speak English?</b> (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b> (tick one) <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
<b>What is the student's living arrangements?</b> (tick one): <input type="checkbox"/> At home with TWO Parents/ Guardians <input type="checkbox"/> State Arranged Out of Home Care # (See Note) <input type="checkbox"/> At home with ONE Parent/ Guardian	
<b>Enclosed Alternate Family form must be completed</b>	

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

**Student's Religion:**

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

## SCHOOL DETAILS

<b>Date of first enrolment in an Australian School:</b>	_____ / _____ / _____
<b>Name of previous Preschool / School:</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. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Years of interruption to education:</b>	<b>Is the student repeating a year? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the student be attending this school full time? (tick)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>No</b> , what will be the time fraction that the student will be attending this school? (i.e. 0.8 = 4 days/week)	
<b>Other school Name:</b>	<b>Time fraction:</b> 0. <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other school Name:</b>	<b>Time fraction:</b> 0. <b>Enrolled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS 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"/> Court Order	<input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
<b>Describe any Access Restriction:</b>	
<b>Is there an Activity Alert for the student? (any type of activity that your child may not participate in)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, then describe the Activity Restriction:	
<b>Does the Student have any Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please describe the Disability:	

## OFFICE USE ONLY

Current custody document placed on student file?  Yes  No

## STUDENT MEDICAL DETAILS

### MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have any Disability? If yes please describe:				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section				<input type="checkbox"/> Yes <input type="checkbox"/> No		

### ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

<b>Please indicate if the student suffers from any of the following symptoms:</b> (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	<b>If my child displays any of these symptoms please:</b> (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Has an Asthma Management Plan been provided to School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse	
<i>It is recommended that a spacer and puffer be provided for use at school by your child</i>	

### OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
<b>If my child displays any of the symptoms above please:</b> (tick)	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
<i>Any Medication for any child's condition must be documented and stored in the Health Centre. Please do not place medications in your child's bag. All medication can be handed to the office.</i>	

## 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.

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

## STUDENT EMERGENCY CONTACTS

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

	<b>Name</b>	<b>Relationship</b> (Neighbour, Relative, Friend or Other)	<b>Language Spoken</b> (If English Write "E")	<b>Telephone Contact</b>
1				
2				

**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, but the details are required to enable staff to properly enrol your child at our school.**

**The enrolment form information you provide is entered into the school's computerised administrative system for educational, administrative and reporting purposes. Your child's information will be viewed only by authorised staff.**

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

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____
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<p>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 teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)</p> <p>I consent to my child 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.</p> <p>Signature of Parent/Guardian: _____ Date: ____ / ____ / ____</p>
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**PRIMARY SCHOOL PRIVACY NOTICE**  
**INFORMATION ABOUT THE ENROLMENT FORM**  
**PLEASE READ THIS NOTICE BEFORE COMPLETING THE ENROLMENT FORM**

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Thomas Mitchell Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Thomas Mitchell Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Thomas Mitchell Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Thomas Mitchell Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Thomas Mitchell Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Thomas Mitchell Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, John Hurley, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

**Emergency Contacts**

These are people that Thomas Mitchell Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Thomas Mitchell Primary School.

**Student Background Information**

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Thomas Mitchell Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

**Immunisation status**

This assists Thomas Mitchell Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

**Visa status**

This information is required to enable Thomas Mitchell Primary School to process your child's enrolment.

**UPDATING YOUR CHILD'S RECORDS**

Please let Thomas Mitchell Primary School know if any information needs to be changed by sending updated information to the school office. Please contact the office on 03 9706 2254 or by email [thomas.mitchell.ps@edumail.vic.gov.au](mailto:thomas.mitchell.ps@edumail.vic.gov.au) to update any information. During your child's time with Thomas Mitchell Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

**ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL**

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this. If you have any concerns about the confidentiality of this information please contact the Principal. Thomas Mitchell Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. The Thomas Mitchell Primary School privacy policy is available upon request.





# 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)