



DANDENONG WEST PRIMARY ENROLMENT FORM

STUDENT ENROLMENT INFORMATION 202 __	Computer Generated Student ID:
Date Received	Date Entered
	Staff Initials

STUDENT DETAILS

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

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Name and Birth Date proof sighted (tick) <input type="checkbox"/> Yes (if yes type BC / PP) <input type="checkbox"/> No	Enrolment Start Date:

FAMILY DETAILS

Other family attending this school & relationship to student:

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, complete the following questions and present a current copy of the Order to the school.)	<input type="checkbox"/> No, move to Primary Family Details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order
	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, then describe the Activity Restriction:

OFFICE USE ONLY

Year Level	Class	House	Immunisation History Rec'd	<input type="checkbox"/> Complete	<input type="checkbox"/> Not sighted
Is there a Medical Alert for the student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes	
Does the student have a Disability ID Number?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? For prep only		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending	
Current custody document received if required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date	

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: 'the family or parent/s & address the student mostly lives with'. If the child resides at another address regularly please ask for an 'Additional family' form from the school. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal 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 a 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):
Please indicate any additional languages spoken by Adult A:
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 the 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. • 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. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

ADULT B DETAILS (LIVES WITH ADULT A OR SEE NOTE ABOVE):

Sex (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)
Legal Surname:
Legal 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 a 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):
Please indicate any additional languages spoken by Adult B:
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 the 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. • 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. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'.

Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

❖ 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 during work hours?	<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
Workplace Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER work hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B during work hours?	<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
Workplace Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER work hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

PRIMARY FAMILY DOCTOR DETAIL

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	Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS: (OTHER THAN ADULT A & ADULT B)

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

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (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"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (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"/> Self	<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 Neither

DEMOGRAPHIC DETAILS OF STUDENT

❖ **In which country was the student born?**

Australia 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) Permanent Temporary

Basis of Australian Residency:

Eligible for Australian Passport Holds Australian Passport

Holds Permanent Residency Visa

Visa Sub Class: **Visa Expiry Date:** (dd-mm-yyyy) ____ / ____ / ____

Visa Statistical Code: (Required for some sub-classes) **International Student ID :**(Not required for exchange students)

❖ **Does the student speak a language other than English at home?** (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)

No, English only Yes (please specify): _____

Does the student speak fluent English? (tick) Yes No

❖ **Is the student of Aboriginal or Torres Strait Islander origin?** (tick one)

No Yes, Aboriginal Yes, Torres Strait Islander Yes, Both Aboriginal & Torres Strait Islander

What is the student's living arrangements? (tick one):

At home with TWO Parents/ Guardians State Arranged Out of Home Care # (See Note)

At home with ONE Parent/ Guardian Homeless Youth

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 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.

KINDERGARTEN/DAYCARE DETAILS

Date of first Enrolment in an Australian Kindergarten or Daycare:	/	/
Name of Kindergarten or Daycare:		
Location of Kindergarten or Daycare:		
Years attended:		Language of the student's previous education?

Has your family engaged with or be referred to any of the following services?			
<input type="checkbox"/> Audiology/Hearing	<input type="checkbox"/> Speech Pathology	<input type="checkbox"/> Psychology	<input type="checkbox"/> Disability Support/Conductive Education
<input type="checkbox"/> Optometry (Eyesight)	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Language School	<input type="checkbox"/> Southern Migrant & Refugee Centre
<input type="checkbox"/> Paediatrician	<input type="checkbox"/> Physiotherapy		<input type="checkbox"/> Aboriginal Co-operative

PREVIOUS SCHOOL DETAILS

Date of first enrolment in an Australian Primary School:	/	/
Name of previous School:		
Years of previous education:		What was the language of the student's previous education?
Does the student have a Victorian Student Number (VSN)?		
Yes. Please specify:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes, but the VSN is unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No.
Years of interruption to education:		Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)		
Other school Name:	Time fraction:	0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

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. Please refer to the School Policy & Advisory Guide's Admission page for more information (<http://www.education.vic.gov.au/school/principals/spag/participation/Pages/admission.aspx>).

Enrolment conditions

Usual mode of transport to school: (tick)			
<input type="checkbox"/> Walking	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Driven	<input type="checkbox"/> Public Bus
<input type="checkbox"/> Train	<input type="checkbox"/> Taxi / Uber	<input type="checkbox"/> Other	
Distance to school:	Km	Melway Ref	Catchment <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT MEDICAL 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 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.**

Please indicate if the student suffers from any of the following symptoms: (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		If my child displays any of these symptoms please: (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?			<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 <input type="checkbox"/> Other			

NB: If your student suffers from any **ASTHMA medical conditions please provide medication to Office with an Asthma Management Plan.**

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:			
If my child displays any of the symptoms above please: (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
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?			<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 <input type="checkbox"/> Other			

STUDENT DOCTOR DETAILS IF DIFFERENT TO PRIMARY FAMILY

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

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

STUDENT EMERGENCY CONTACTS IF DIFFERENT TO PRIMARY FAMILY

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

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

PERMISSION FOR ILLNESS/INJURY TREATMENT

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)

- 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.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

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.

<p>I certify that the information contained within this form is correct.</p> <p>Parent/Guardian Name: _____</p> <p>Signature of Parent/Guardian: _____ Date: ____ / ____ / ____</p>

PERMISSION FORM FOR LOCAL EXCURSIONS

From time-to-time children in this school will participate in local excursions or field trips within walking distance from the school (for example, a visit to the local shops or park). Such trips do not involve transport or any expense, but because the children are leaving the school, your consent and signature on the indemnity for below is necessary.

You will receive information about the 'local excursion' before the event takes place.

I hereby give consent for my child to attend local excursions throughout the duration of his/her enrolment at Dandenong West Primary School.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PERMISSION FORM FOR HEAD LICE CHECK

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if, and when the treatment has started.

I hereby give consent for my child to participate in the school's head lice inspection program.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PERMISSION TO USE CHILDREN'S PHOTOGRAPHS

From time-to-time we take photographs of students that may appear in our newsletter, on our school website or facebook page, or in school brochures and other publications: including the local newspapers promoting the good work at Dandenong West Primary School and of its students. Most images are taken in a group situation and individual students are not identified. If an individual image and full name are required, we will seek the consent of the parent/guardian and student before publication.

Please tick **ONE** relevant response.

- I hereby **give** consent for images of my child to be used in material that may be viewed both within and outside the school.
- I hereby **give** consent for images of my child to be used and viewed within the school and its classrooms.
- I **do not** give consent for images of my child to be used in any format.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

The permission that you give/do not give, on this form, will cover the duration of your student's schooling at Dandenong West Primary School. If you wish to change your consent at any time, please come to the office to sign new consent forms.

STUDENT FAMILY OCCUPATION INDEX

PARENT OCCUPATION GROUPS

Please select the appropriate group from the following list.

OCCUPATION GROUP A

SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS

Senior management in large business organisations

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

- **Business** [e.g. chief executive, managing director, company secretary, finance director, chief accountant, personnel/industrial relations manager, research and development manager]
- **Media** [e.g. newspaper editor, film/television/radio/stage producer/director/manager]

Government administration

- **Public Service Manager** (Section head or above) [e.g. regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research /facility manager, police/fire services administrator]
- **Defence Forces Commissioned officer**

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

Health, Education, Law, Social Welfare, Engineering, Science, Computing professional, Business, Air/sea transport

- **Health** [e.g. GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
- **Education** [e.g. school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
- **Law** [e.g. judge, magistrate, barrister, coroner, solicitor, lawyer]
- **Social Welfare** [e.g. social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
- **Engineering** [e.g. architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]
- **Science** [e.g. scientist, geologist, meteorologist, metallurgist]
- **Computing** [e.g. IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]
- **Business** [e.g. management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
- **Air/sea transport** [e.g. aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

OCCUPATION GROUP B

OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

- **Farm/business owner/manager** [e.g. crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]
- **Specialist manager** [e.g. works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]
- **Financial services manager** [e.g. bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [e.g. shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts /media / sportspersons

- **Artist/Writer** [e.g. editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
- **Sports** [e.g. sportsman/woman, coach, trainer, sports official]

Associate professionals – generally have diploma /technical qualifications and provide support to managers and professionals

Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / Business/administration

- **Medical, science, building, engineering, computer** technician/associate professional
- **Health/social welfare** [e.g. enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]
- **Law** [e.g. police officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private, law clerk, court officer, bailiff]
- **Business/administration** [e.g. recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]
- **Defence Forces** [e.g. senior non-commissioned officer]
- **Other** [e.g. library technician, museum/gallery technician, research assistant, proof reader]

OCCUPATION 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.

Tradesmen/women

- **Trades** [e.g. Electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled office, sales and service staff

- **Clerk** [e.g. bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/despatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]
- **Office** [e.g. secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [e.g. company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Carer** [e.g. aged/disabled/refuge care worker, child care assistant, nanny]
- **Service** [e.g. meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

OCCUPATION GROUP D

MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

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

- **Driver or mobile plant operator** [e.g. car, taxi, truck, bus, tram or train driver, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
- **Production/processing machine operator** [e.g. engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]
- **Machinery operator** [e.g. photographic developer/printer, industrial spray painter, boiler/air-conditioning/ refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]

Hospitality, office staff

- **Sales staff** [e.g. 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, sales demonstrator, shelf stacker]
- **Office staff** [e.g. typist, word processing/data entry/business machine operator, receptionist]
- **Hospitality staff** [e.g. hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, fast food cook, usher, porter, housekeeper]
- **Assistant/aide** [e.g. trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and related workers

- **Defence Forces** [other ranks (below senior NCO) without trade qualification not included above]
- **Agriculture, horticulture, forestry, fishing, mining worker** [e.g. farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
- **Other worker** [e.g. labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

OCCUPATION GROUP N

HOME-MAKERS, JOB SEEKERS, PENSIONERS,
STUDENTS, UNEMPLOYED