

NEW ENROLMENT CHECKLIST



To be completed by parent

Please note all information below must be completed before any enrolment application will be considered:

- Completed Enrolment Form
- For any medical conditions, a current copy of child's Management Plan completed by your Doctor must be provided (eg: Asthma Management Plan and Anaphylaxis Management Plan)
- For any restraining orders or child protection issues, a copy of Court Order or Parenting Plans must be provided
- Proof of residence (eg: Contract of Sale or Tenancy Agreement)
The placement offer made to the student may be withdrawn prior to the first day of attendance if the student's permanent place of residence changes and the new address is not within the designated neighbourhood boundary for the school.
- Copy of the child's Birth Certificate (in English)
- Copy of the child's Immunisation Record (Medicare Immunisation Register)
- Copy of any Visa Approvals & Copy of child's Passport (if applicable)
- Copy of the child's last school report (excludes Prep students)
- Statement of Values has been read (not applicable for 2020 Prep enrolments)
- Respectful Relations and Safe Behaviour Policy has been read (not applicable for 2020 Prep enrolments)
- Family Enrolment Agreement has been read and signed (make sure you fill out all checklists) – (not applicable for 2020 Prep enrolments)
- An introduction letter or drawing from your child submitted with the Enrolment Form.

Electronic copies of enrolment forms are not accepted. Enrolment forms must be handed in to the School's Reception with attached documentation (as per above).

Completed Enrolment Forms can be returned to the school Monday to Friday between 10:00am – 2:00pm. Should you have any questions please contact the school on (03) 9935 9399.

SOUTH MELBOURNE PRIMARY SCHOOL - PRIVACY NOTICE

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 South Melbourne Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at South Melbourne Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at South Melbourne 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. South Melbourne Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

South Melbourne 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 South Melbourne Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, South Melbourne Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that South Melbourne 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 South Melbourne 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 South Melbourne 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 South Melbourne 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 South Melbourne Primary School to process your child's enrolment.

Updating your Child's Records

Please let South Melbourne Primary School know if any information needs to be changed by sending updated information via email to the school Principal.

Access to your Child's Record Held by the School

In most circumstances, you can access your child's records. Please contact Reception on (03) 9935 9399 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. South Melbourne 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.

South Melbourne Primary School Student Enrolment Information

CASES21 STUDENT ID:

STUDENT DETAILS

Student Surname:	
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖ Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: (dd-mm-yyyy) ____ / ____ / ____	

FAMILY HOME ADDRESS

Number & Street Name (or PO Box)	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Home Email:

SIBLING/RELATIONS ATTENDING

List any other family members attending South Melbourne Primary School
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OFFICE USE ONLY – CHECKLIST

Enrolment Date:	Year Level:	Home Group:	House:
Child's Name and Birth Date proof sighted	<input type="checkbox"/>	Proof of Address received (+ copied):	<input type="checkbox"/>
Visa Copies received?	<input type="checkbox"/>	Court Orders sighted (+ copied).....	<input type="checkbox"/>
Immunisation Certificate Status sighted?	<input type="checkbox"/>	Confidential Medical received:.....	<input type="checkbox"/>
Is there a Medical Alert for the student?	<input type="checkbox"/>	Asthma/Anaphylaxis Plan received	<input type="checkbox"/>
Computer Agreement signed and received?.....	<input type="checkbox"/>	Head Lice Inspection	<input type="checkbox"/>
Local Excursion permission.....	<input type="checkbox"/>	Use of Student Images	<input type="checkbox"/>
Does the student have a Disability ID Number?	<input type="checkbox"/>	COMPASS details given	<input type="checkbox"/>
All Fees on Cases21	<input type="checkbox"/>	Book List	<input type="checkbox"/>

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect this information.

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". If the parents on the birth certificate no longer reside at the same address, a separate form will be issued upon request.

As the School Start Bonus will be sent to the 'Primary Carer' of Prep and Year 7 students, it is imperative that the legal surname, legal first name and legal second name are recorded.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No (tick)		
❖ 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 (4)		
<input type="checkbox"/> Year 11 or equivalent (3)		
<input type="checkbox"/> Year 10 or equivalent (2)		
<input type="checkbox"/> Year 9 or equivalent or below (1)		
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above (7)		
<input type="checkbox"/> Advanced diploma / Diploma (6)		
<input type="checkbox"/> Certificate I to IV (including trade certificate) (5)		
<input type="checkbox"/> No non-school qualification (8)		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the last page.		
<ul style="list-style-type: none"> 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:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No (tick)		
❖ 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 (4)		
<input type="checkbox"/> Year 11 or equivalent (3)		
<input type="checkbox"/> Year 10 or equivalent (2)		
<input type="checkbox"/> Year 9 or equivalent or below (1)		
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)		
<input type="checkbox"/> Bachelor degree or above (7)		
<input type="checkbox"/> Advanced diploma / Diploma (6)		
<input type="checkbox"/> Certificate I to IV (including trade certificate) (5)		
<input type="checkbox"/> No non-school qualification (8)		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the last page.		
<ul style="list-style-type: none"> 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'. 		

❖ *These questions are asked as a requirement of the Commonwealth Government.
All schools across Australia are required to collect the same information – refer to page 8 for codes*

Are you interested in being involved in school activities? (eg. School Council, excursions or help in the classroom?) Adult A Adult B Both Neither

PRIMARY FAMILY RELATIONS

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: <input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally
<input type="checkbox"/> Never			

PRIMARY FAMILY CONTACT DETAILS

ADULT A: BUSINESS HOURS:

Can we contact Adult A at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:
Other Work Contact information:

ADULT B: BUSINESS HOURS:

Can we contact Adult B at work? <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
Home Telephone No:
Other After Hours Contact Information:
Adult A's preferred method of contact:
<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email Address **: <input type="text"/>

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:
Adult B's preferred method of contact:
<input type="checkbox"/> Mail <input type="checkbox"/> Email
Email Address: <input type="text"/>

** The email address of Parent A will be used as our main method of contact regarding general communication to parents from school, by parent reps, financial statements and for our information App.

PRIMARY FAMILY MAILING ADDRESS

(Please complete if the Mailing Address is different to the Home address on page 1)

Number and Street (or PO Box)	
Suburb:	Post Code
Send correspondence to: <input type="checkbox"/> Parent A <input type="checkbox"/> Parent B <input type="checkbox"/> Both Adults <input type="checkbox"/> Neither	

EMERGENCY CONTACTS (NOT PARENT OR PRIMARY CARER)

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact
1			
2			

DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student BORN?	
Country of Birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other <i>please specify</i> →:
Date of arrival in Australia OR Date of Return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the <i>student</i> ? (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) _____ / _____ / _____
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)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, Other language <i>please specify</i> →:
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, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander	
What is the student's living arrangement? (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	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

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.

Beginning of journey to school:	Map Type: (circle one)	Melways / VicRoads / Country Fire Authority / Other
Map Number	X Reference	Y Reference
Usual mode of transport to school: (tick)		
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram
		<input type="checkbox"/> Driven
		<input type="checkbox"/> Self-Driven
		<input type="checkbox"/> Taxi
		<input type="checkbox"/> Other

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

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 Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information: <http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>

Enrolment conditions

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

ASTHMA

Please indicate the following symptoms: (tick)		If my child displays any of these symptoms please: (tick)			
<input type="checkbox"/> Cough	<input type="checkbox"/> Difficulty Breathing	Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Wheeze	<input type="checkbox"/> Tight Chest	Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Exhibits symptoms after exertion		Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Other Medical Action (specify):			
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the student take medication?		<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	<input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> Fridge in Sick Bay		
Dosage time	Reminder required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

Does the student have any other medical condition? <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	
Administer Medication		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action	
If other medical action, 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:		
Medication is usually administered by: (tick)		<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other
Medication is stored: (tick)		<input type="checkbox"/> with Student	<input type="checkbox"/> with Nurse	<input type="checkbox"/> Fridge in Staff Room	<input type="checkbox"/> Elsewhere
Dosage time	Reminder required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poison Rating	

PRIMARY FAMILY DOCTOR DETAILS

Doctor's Name	Individual or Group Practice?	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
Number and Street (or PO Box):			
Suburb:		Post Code:	
Telephone Number:			
Current Ambulance Subscription: <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PREVIOUS SCHOOL DETAILS

Date of first enrolment in an Australian School: ____ / ____ / ____		Years of previous education:	
Name of previous School:		Language of student's previous education:	
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes (Record here)	<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No. The student has never been issued a VSN.	
Years of interruption to education:	Is the student repeating a year?	<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

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, 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 next section.)		
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:				
Current custody documents placed on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

DECLARATION

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

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

NAME OF STUDENT: _____

PERMISSIONS AND AUTHORITY FORM

Please note that a separate form must be completed for each child attending South Melbourne Primary School.

MEDICAL 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 teacher-in-charge of my child, where they are unable to contact me, or it is otherwise impracticable to contact me, to:

- Consent for my child to receive such medical or surgical attention as may be deemed necessary by a medical practitioner; and/or
- Administer such First Aid as the Principal or staff member may judge to be reasonably necessary.

Circle One
Yes / No

CONSENT TO LOCAL EXCURSIONS

I give my permission for my child to attend any excursion within walking distance of the school, under the supervision of school staff. I understand that I will receive one detailed notice about each excursion, and that for my child to participate in a particular excursion my written consent will be required. I understand that my child must wear full school uniform on all excursions.

Yes / No

CONSENT TO HEAD LICE INSPECTIONS

From time to time it may be necessary to conduct head lice inspections if an outbreak occurs. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. Please note that health regulations require that when a child has head lice, that child should not return to school until appropriate treatment has commenced. I give permission for my child to be inspected for head lice.

Yes / No

OSH CLUB (AFTER SCHOOL CARE)

I give permission for After School Care (OSH Club at SMPS) to obtain enrolment information from SMPS about my child in the event I am unavoidably detained and unable to collect my child from school by 3:25pm (school finishes at 3:10pm) on any given day. This approval allows my child to attend one afternoon session of OSH Club at which time I will register my child online for OSH Club in the event this situation arises again. SMPS maintain a duty of care to make every effort to ensure every child at SMPS is safe.

Yes / No

CONSENT TO USE OF PHOTOGRAPHS/VIDEOS/MULTIMEDIA

As part of the learning programmes at SMPS, teachers often take photographs or digital images of students at school, on excursions, or around the local community. Sometimes, for special events, photos are taken and used for school promotion or publicity purposes. If you do not wish your child to be photographed, a written letter must be provided to the school in this regard.

Yes / No

CONSENT TO REQUEST/PROVIDE STUDENT INFORMATION

To provide support and assist all students with the transition process when joining or exiting SMPS, we require parent consent to allow us to request/provide information to the relevant school the student will be joining/leaving. If you do not wish this to occur, a written letter must be provided to the school advising you do not allow us to provide or receive additional student information.

Yes / No

Name of Parent/Carer _____

Signature: _____

Date: ____ / ____ / ____

This permission and authority form will remain in effect for the duration of your child's time at South Melbourne Primary School. Please contact Reception if you would like to revoke or alter permission at any stage.

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 a large business organisation, government administration or 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)