# STUDENT ENROLMENT FORM

This form is designed to be used for enrolling students in Victorian government schools using CASES21.

**Schools, please note:**
It is imperative that any enrolment form the school provides to parents/guardians contains the questions marked with the symbol ❖(and shaded yellow) exactly as they appear on this form. This is a requirement of the Commonwealth Government.

All schools across Australia are required to collect this information for all students. Critical to the success of this process is that all schools use the nationally consistent definitions for student background characteristic information exactly as they appear on this enrolment form. The data obtained from this process is linked to student results on national tests, aggregated, provided to the Ministerial Council on Education, Employment, Training and Youth Affairs and published in such publications as the National Report on Schooling in Australia. No individual student or school is identifiable through the published information. [Refer to Circular 291/2004 for more information.]

A copy of the School Enrolment Privacy Collection Statement must be attached to this enrolment form before distribution to parents and guardians as this is a requirement of the *Privacy and Data Protection Act 2014 (Vic)*. School Enrolment Privacy Collection Statements are located here https://edugate.eduweb.vic.gov.au/sites/i/Pages/production.aspx#/app/content/2058/support_and_service_(schools)%252Flegal%252Ffoi,_privacy_and_copyright%252Fprivacy

Explanations of the Parental Occupation Group codes are included at the end of this document.

For additional forms including:

- **Student enrolment form – alternative family**
- **Student enrolment form – additional family**
- **Student medical condition**

go to:
https://edugate.eduweb.vic.gov.au/Services/bussys/cases21/Forms/Forms/AllItems.aspx

For **conveyance application** forms (that parents need to complete) and for **school conveyance claim** forms go to the Student Transport site:
www.education.vic.gov.au/management/schooloperations/studenttransport.htm

# PEMBROKE PRIMARY SCHOOL

| STUDENT ENROLMENT INFORMATION – 2019 | Computer Generated Student ID: | |
|---|---|---|

# STUDENT DETAILS

## PERSONAL DETAILS OF STUDENT

| | | | |
|---|---|---|---|
| **Surname:** | | **Title:** (Miss Ms, Mrs Mr) | |
| **First Given Name:** | | | |
| **Second Given Name:** | | | |
| **Preferred Name** (if applicable): | | | |
| ❖ **Sex** (tick): | ☐ Male ☐ Female | **Birth Date:** (dd-mm-yyyy) | _____ / _____ / _____ |
| **Student Mobile Number:** | | | |

**PRIMARY FAMILY HOME ADDRESS:**

| | | | |
|---|---|---|---|
| **No. & Street: or PO Box details** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |
| **Telephone Number:** | | **Silent Number:** (tick) | ☐ Yes ☐ No |
| **Mobile Number:** | | **Fax Number:** | |

**OFFICE USE ONLY**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Child's Name and Birth Date proof sighted** (tick) | | ☐ Yes | ☐ No | **Enrolment Date:** | | | | | |
| **Year Level** | | **Home Group** | | **Timetabling Group** | | **House** | | **Campus** | |
| **Student Email Address:** | | | | | | | | | |
| **Immunisation Certificate received?**: (tick) | | ☐ Complete | ☐ Not sighted | | | | | | |
| **Is there a Medical Alert for the student?** (tick) | | ☐ Yes | ☐ No | | | | | | |
| **Does the student have a Disability ID Number?** (tick) | | ☐ No | ☐ Yes | **Disability ID No.**: | | | | | |
| **Has a Transition Statement been provided (either by the Early Childhood Educator or parents)?** (tick) For prep students only | | ☐ Yes | ☐ No | ☐ Pending | | | | | |

# FAMILY DETAILS

| List any other family members attending this school: |
|---|
| |

❖ 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: |
|---|---|
| **Sex** (tick): ☐ Male ☐ Female | **Sex** (tick): ☐ Male ☐ Female |
| **Title:** (Ms, Mrs, Mr, Dr etc) | **Title:** (Ms, Mrs, Mr, Dr etc) |
| **Legal Surname:** | **Legal Surname:** |
| **Legal First Name:** | **Legal First Name:** |
| **What is Adult A's occupation?** | **What is Adult B's occupation?** |
| **Who is Adult A's employer?** | **Who is Adult B's employer?** |
| **In which country was Adult A born?** ☐ **Australia** ☐ **Other** (please specify)**:** | **In which country was Adult B born?** ☐ **Australia** ☐ **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) ☐ No, English only ☐ Yes (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) ☐ No, English only ☐ Yes (please specify): |
| **Please indicate any additional languages spoken by Adult A:** | **Please indicate any additional languages spoken by Adult B:** |
| **Is an interpreter required?** (tick) ☐ Yes ☐ No | **Is an interpreter required?** (tick) ☐ Yes ☐ 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'.)* ☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below | ❖**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'.)* ☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below |
| ❖**What is the level of the *highest* qualification the Adult A has completed?** (tick one) ☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification | ❖ **What is the level of the *highest* qualification the Adult B has completed?** (tick one) ☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ 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 paid work for the last 12 months, enter 'N'. | ❖**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 paid 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

| | |
|---|---|
| **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) | ☐ Adult A ☐ Adult B ☐ Both ☐ Neither |

# PRIMARY FAMILY CONTACT DETAILS

**ADULT A CONTACT DETAILS:**

***Business Hours:***

| | | |
|---|---|---|
| **Can we contact Adult A at work?** (tick) | ☐ Yes | ☐ No |
| **Is Adult A usually home during business hours?** (tick) | ☐ Yes | ☐ No |
| **Work Telephone No:** | | |
| **Other Work Contact information:** | | |

***After Hours:***

| | | |
|---|---|---|
| **Is Adult A usually home AFTER business hours?** (tick) | ☐ Yes | ☐ No |
| **Home Telephone No:** | | |
| **Other After Hours Contact Information:** | | |
| **Mobile No:** | | |
| **SMS Notifications:** | ☐ Yes | ☐ 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.)

☐ Mail ☐ Email ☐ Phone ☐ Facsimile

| | | |
|---|---|---|
| **Email address:** | | |
| **Email Notifications:** | ☐ Yes | ☐ No |
| **Fax Number:** | | |

**ADULT B CONTACT DETAILS:**

***Business Hours:***

| | | |
|---|---|---|
| **Can we contact Adult B at work?** (tick) | ☐ Yes | ☐ No |
| **Is Adult B usually home during business hours?** (tick) | ☐ Yes | ☐ No |
| **Work Telephone No:** | | |
| **Other Work Contact information:** | | |

***After Hours:***

| | | |
|---|---|---|
| **Is Adult B usually home AFTER business hours?** (tick) | ☐ Yes | ☐ No |
| **Home Telephone No:** | | |
| **Other After Hours Contact Information:** | | |
| **Mobile No:** | | |
| **SMS Notifications:** | ☐ Yes | ☐ 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.)

☐ Mail ☐ Email ☐ Phone ☐ Facsimile

| | | |
|---|---|---|
| **Email address:** | | |
| **Email Notifications:** | ☐ Yes | ☐ No |
| **Fax Number:** | | |

**PRIMARY FAMILY MAILING ADDRESS:**

Write "As Above" if the same as Family Home Address

| | | | |
|---|---|---|---|
| **No. & Street or PO Box** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |

**PRIMARY FAMILY DOCTOR DETAILS:**

| | | | |
|---|---|---|---|
| **Doctor's Name** | | **Individual or Group Practice:** (tick) | ☐ Individual ☐ Group |
| **No. & Street or PO Box No.:** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |
| **Telephone Number** | | **Fax Number** | |
| **Current Ambulance Subscription:** (tick) | ☐ Yes ☐ No | **Medicare Number:** | |

## PRIMARY FAMILY EMERGENCY CONTACTS:

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

## PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

| | | | |
|---|---|---|---|
| **No. & Street or PO Box** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |
| **Billing Email** | ☐ Adult A<br>☐ Adult B | ☐ Other (Please Specify) | |

## OTHER PRIMARY FAMILY DETAILS

| | | | |
|---|---|---|---|
| **Relationship of Adult A to Student:** (tick one) | ☐ Parent<br>☐ Foster Parent<br>☐ Friend | ☐ Step-Parent<br>☐ Host Family<br>☐ Self | ☐ Adoptive Parent<br>☐ Relative<br>☐ Other |
| **Relationship of Adult B to Student:** (tick one) | ☐ Parent<br>☐ Foster Parent<br>☐ Friend | ☐ Step-Parent<br>☐ Host Family<br>☐ Self | ☐ Adoptive Parent<br>☐ Relative<br>☐ 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)<br>( 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 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 |
| ☐ 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.

**Note:** Special Schools – please go to section "Travel Details for Special Schools" to enter transport details.

| **Beginning of journey to school:** | **Map Type** | Melway / VicRoads / Country Fire Authority / Other | | |
|---|---|---|---|---|
| **Map Number** | | **X Reference** | | **Y Reference** |
| **Usual mode of transport to school:** (tick) | | | | |
| ☐ Walking | ☐ School Bus | ☐ Train | ☐ Driven | ☐ Taxi |
| ☐ Bicycle | ☐ Public Bus | ☐ Tram | ☐ Self Driven | ☐ Other |
| If student drives themself to school: | Car Reg. No. | | Distance to School in kilometres: | |

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

## SCHOOL DETAILS

| | | | |
|---|---|---|---|
| **Date of first enrolment in an Australian 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.<br>Please specify:<br>☐☐☐☐☐☐☐☐☐ | ☐ Yes, but the VSN is unknown | ☐ No. The student has never been issued a VSN. | |
| **Years of interruption to education:** | | **Is the student repeating a year?** (tick) | ☐ Yes ☐ No |
| **Will the student be attending this school full time?** (tick) | | | ☐ Yes ☐ 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:** | ☐ Yes ☐ No |
| **Other school Name:** | | **Time fraction:** | 0. | **Enrolled:** | ☐ Yes ☐ 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<br>• <br>• |

**OFFICE USE ONLY**

| | | |
|---|---|---|
| Has the documentation been provided and retained on school records? | ☐ Yes | ☐ No |
| Have the conditions been met to complete the enrolment? | ☐ Yes | ☐ No |

## STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

| | | | | |
|---|---|---|---|---|
| **Is the student at risk?** | | ☐ Yes | ☐ No | |
| **Is there an Access Alert for the student?** (tick) | | ☐ Yes (If Yes, then complete the following questions and present a current copy of the document to the school.) | ☐ No (If No, move to the immunisation / medical condition details questions.) | |
| **Access Type:** (tick) | ☐ Parenting Order | ☐ Parenting Plan | ☐ Intervention Order | ☐ Protection Order |
| | ☐ Informal Carer Stat Dec | ☐ DHHS Authorisation | ☐ Witness Protection Program Order | ☐ Other |
| **Describe any Access Restriction:** | | | | |
| **Is there an Activity Alert for the student?** (tick) | | ☐ Yes | ☐ No | |
| If Yes, then describe the Activity Restriction: | | | | |

**OFFICE USE ONLY**

| | | |
|---|---|---|
| Current custody document placed on student file? | ☐ Yes | ☐ No |

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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.

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

# STUDENT MEDICAL DETAILS

**MEDICAL CONDITION DETAILS:**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Does the student suffer from any of the following impairments?** (tick) | *Hearing:* | ☐ Yes | ☐ No | *Vision* | ☐ Yes | ☐ No |
| | *Speech:* | ☐ Yes | ☐ No | *Mobility:* | ☐ Yes | ☐ No |
| **Does the student suffer from Asthma?** (tick) If No, please go to the Other Medical Conditions section | | | | | ☐ Yes | ☐ 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) | **If my child displays any of these symptoms please:** (tick) | | |
|---|---|---|---|
| ☐ Cough | Inform Doctor | ☐ Yes | ☐ No |
| ☐ Difficulty Breathing | Inform Emergency Contact | ☐ Yes | ☐ No |
| ☐ Wheeze | Administer Medication | ☐ Yes | ☐ No |
| ☐ Exhibits symptoms after exertion | Other Medical Action | ☐ Yes | ☐ No |
| ☐ Tight Chest | If yes, please specify: | | |

| | | | | | |
|---|---|---|---|---|---|
| **Has an Asthma Management Plan been provided to School?** | | | | ☐ Yes | ☐ No |
| **Does the student take medication?** (tick) | ☐ Yes | ☐ No | **Name of medication taken:** | | |
| **Is the medication taken regularly by the student (preventive) or only in response to symptoms?** (tick) | | | | ☐ Preventative | ☐ Response |
| **Indicate the usual dosage of medication taken:** | | | **Indicate how frequently the medication is taken:** | | |
| **Medication is usually administered by:** (tick) | ☐ Student | ☐ Nurse | ☐ Teacher | ☐ Other | |
| **Medication is stored:** (tick) | ☐ with Student | ☐ with Nurse | ☐ Fridge in Staff Room | ☐ Elsewhere | |
| **Dosage time** | **Reminder required?** (tick) | ☐ Yes | ☐ No | **Poison Rating** | |

**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) | | | | ☐ Yes | ☐ No |
| If yes, please specify: | | | | | |
| Symptoms: | | | | | |
| **If my child displays any of the symptoms above please:** (tick) | | | | | |
| Inform Doctor | ☐ Yes | ☐ No | Inform Emergency Contact | ☐ Yes | ☐ No |
| Administer Medication | ☐ Yes | ☐ No | Other Medical Action | ☐ Yes | ☐ No |
| | | | If yes, please specify: | | |
| **Does the student take medication?** (tick) | ☐ Yes | ☐ No | **Name of medication taken:** | | |
| **Is the medication taken regularly by the student (preventive) or only in response to symptoms?** (tick) | | | | ☐ Preventative | ☐ Response |
| **Indicate the usual dosage of medication taken:** | | | **Indicate how frequently the medication is taken:** | | |
| **Medication is usually administered by:** (tick) | ☐ Student | ☐ Nurse | ☐ Teacher | ☐ Other | |
| **Medication is stored:** (tick) | ☐ with Student | ☐with Nurse | ☐ Fridge in Staff Room | ☐ Elsewhere | |
| **Dosage time** | **Reminder required?** (tick) | ☐ Yes | ☐ No | **Poison Rating** | |

## STUDENT DOCTOR DETAILS

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

| | | | |
|---|---|---|---|
| **Doctor's Name:** | | | |
| **Individual or Group Practice:** (tick) | | ☐ Individual | ☐ Group |
| **No. & Street or PO Box No.:** | | | |
| **Suburb:** | | | |
| **State:** | | **Postcode:** | |
| **Telephone Number** | | **Fax Number** | |
| **Student Medicare Number:** | | | |

## STUDENT EMERGENCY CONTACTS

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 | | | | |

# TRAVEL DETAILS FOR SPECIAL SCHOOLS

| | | | |
|---|---|---|---|
| How will the student travel to school? **(tick)** | | | |
| ☐ Walk | ☐ Bicycle | ☐ Train | ☐ Tram |
| ☐ School Bus | ☐ Public Bus | ☐ Public Taxi | ☐ Driven by parent/carer |
| **First date of travel?** (tick) | ☐ Next school year | Alternate date: (dd-mm-yyyy) | _____ / _____ / _____ |
| **Is the student applying to travel on a school bus or for other travel assistance? (tick)** | | | |
| ☐ Yes | | ☐ No | |
| **Type of travel assistance requested?** (completion of additional form required) | | | |
| ☐ Access to School Bus | | ☐ Conveyance Allowance | |
| **If by School Bus, please advise local bus stop if known:** | | | |
| Landmark: | Map Type: | X _____ | Y _____ |
| **Assisted Mobility (if applicable):** | | | |
| If applicable, specify the student's mode of assisted mobility. | ☐ Wheelchair | ☐ Walker | |
| **Comments relevant to travel:** | | | |
| **Office Use Only:** | | | |
| **Can the student Individual Learning Plan (ILP) include travel training?** | | ☐ Yes | ☐ No |
| **Is the student attending their nearest school?** | | ☐ Yes | ☐ No |
| **Does the student reside in Designated Transport Area (DTA) (if attending special school)?** | | ☐ Yes | ☐ No |
| **Can the student be accommodated on existing route (if applicable)?** | | ☐ Yes | ☐ No |
| **Pick-up Point:** | | Map Ref: | Time AM: |
| **Set Down Point:** | | Map Ref: | Time PM: |

NOTE: Students residing in Rural/Regional Victoria or attending special schools may be entitled to receive transport assistance. The Department may give access to a school bus service or pay a conveyance allowance to assist with the cost of travel. Information on eligibility and the application process can be obtained from the school.

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.

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

Signature of Parent/Guardian: _____Date: _____ / _____ / _____

# PARENTAL OCCUPATION GROUP CODES

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

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

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

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

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

**Defence Forces** Commissioned Officer

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

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

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

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

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

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

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

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

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

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

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

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

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

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

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

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

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

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

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

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

**Labourers and related workers**

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worke*r (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor