



Student Enrolment Form

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 and published in such publications as the National Report on Schooling in Australia on behalf of Australian education ministers. No individual student or school is identifiable through the published information.

DET's Schools Privacy Policy is available online:

<https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

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

❖ Questions marked with this symbol are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PLEASE NOTE:

Enrolment forms **must be accompanied by** required supporting documentation:

- Birth certificate
- Immunisation History Statement
- VISAs and Immigration documents (where relevant)
- Documentation/reports for any medical conditions detailed in this form.
- Documentation/reports for any custody or access restrictions

STOP!

Do any of these conditions apply to your child?

- They live some times in a separate household (e.g.: shared custody arrangement).
- The child's parents/guardians live in separate households, even if the child lives 100% of the time with one parent.

If yes, do not put both adults from different households on this form.

In this case you will need to complete the **Additional and Alternate Family Form** which is attached to this form.

- My child lives 100% of the time with both parents in one household. Proceed with this form.
- My child lives some time in one house, and some time in another house. **Please complete the Additional & Alternate Family Form.**
- My child lives full-time in my house, but their other parent/guardian lives in a different house. **Please complete the Additional & Alternate Family Form.**
- I have a different living arrangement with my family, or I'm unsure. **Please contact the office.**

Examples

Child lives full-time with both parents/guardians in one household.

Complete this enrolment form with Adult A and Adult B. No other forms are required.

Child lives part-time in two households with a shared custody arrangement.

OR

Child lives full-time with one parent, however the other biological parent lives in a separate household.

You will need to complete this form **AND** the Alternate & Additional Family Form.

Examples:

This Enrolment Form	
Adult A	Adult B
Address 1	
Biological mother	Step Father

Additional & Alternate Family Form	
Adult A	Adult B
Address 2	
Biological Father	Step Mother

OR

This Enrolment Form	
Adult A	Adult B
Address 1	
Biological mother	<i>blank</i>

Additional & Alternate Family Form	
Adult A	Adult B
Address 2	
Biological Father	<i>blank</i>

Please contact the office before completing this form if you are unsure.

Section A: Student Details

Personal Details of Student

Surname		Title (Miss Ms, Mrs, Mx, Mr)									
First Given Name											
Second Given Name											
Preferred Name (if applicable)											
❖ Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____	(please specify)							
			Birth Date	D	D	M	M	Y	Y	Y	Y

Entry Year Level (please circle)	Prep	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:		
Year Level		Home Group				
Immunisation Certificate Status?: (tick)		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Not sighted		
Asthma Management Plan Status?: (tick)		<input type="checkbox"/> Received	<input type="checkbox"/> Not Sighted	<input type="checkbox"/> Not Applicable		
Anaphylaxis Management Plan Status?: (tick)		<input type="checkbox"/> Received	<input type="checkbox"/> Not Sighted	<input type="checkbox"/> Not Applicable		
Confirmation letter sent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head Lice Check Consent		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date letter sent						
Entered By			Date			

Section B: Primary Family Details

NOTE: The **PRIMARY** Family is: “the family or parent the student mostly lives with”.

Additional and Alternative family forms are attached if this is required. These additional forms are designed to cater for varying family circumstances. (See previous page.)

Relationship of Adult A to Student	<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	<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

Send Correspondence addressed to	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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Adult A Details

Please Note: Adult A is the first person we will contact when calling home (e.g.: in an emergency).

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	(please specify)
Title (Ms, Mrs, Mr, Miss, 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.)				
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify below)			
Additional languages spoken by Adult A:				
Is an interpreter required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
❖ What is the <i>highest</i> year of primary or secondary school Adult A has completed?				
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent			
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below or never attended school			
❖ What is the level of the <i>highest</i> qualification Adult A has completed?				
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate I to IV (including trade certificate)			
<input type="checkbox"/> Advanced diploma / Diploma	<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult A?				
Please <u>circle</u> the appropriate parental occupation group code below. Group definitions are attached.				
<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'. 				
A	B	C	D	N

Adult A Contact Details

Business Hours

Can we contact Adult A at work?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is Adult A usually home during business hours? (9am-5pm)										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Work Telephone Number				0	3								
Other Work Contact information													

After Hours

Is Adult A usually home AFTER business hours? (9am-5pm)										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Home Phone				0	3								
Other After Hours Contact Information													
Mobile				0	4								
Does Adult A want to receive SMS Notifications?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Adult A's preferred contact method										(If Phone is selected, Email will be used for communication that cannot be sent via phone.)			
<input type="checkbox"/> Mail				<input type="checkbox"/> Email				<input type="checkbox"/> Mobile or Home Phone					
Email													
Does Adult A want receive Email Notifications?										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you hold a Working With Children (WWC) Card										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Card Number													
Expiry Date													
Which type of Card do you hold?										<input type="checkbox"/> Volunteer		<input type="checkbox"/> Employee	

Adult B Details

STOP!

If Adult B does not live at the same address as Adult A, do not enter their details here. You will need to complete the Alternate & Additional Family Form, available from the school office.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	(please specify)
Title (Ms, Mrs, Mr, Miss, 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.)				
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify below)			
Additional languages spoken by Adult B:				
Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
❖ What is the <i>highest</i> year of primary or secondary school Adult B has completed?				
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent			
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent or below or never attended school			
❖ What is the level of the <i>highest</i> qualification Adult B has completed?				
<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Certificate I to IV (including trade certificate)			
<input type="checkbox"/> Advanced diploma / Diploma	<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult B?				
Please <u>circle</u> the appropriate parental occupation group code below. Group definitions are attached.				
<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'. 				
A	B	C	D	N

Adult B Contact Details

Business Hours

Can we contact Adult B at work?											<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (9am-5pm)											<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone Number	0	3										
Other Work Contact information												

After Hours

Is Adult B usually home AFTER business hours? (9am-5pm)											<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Home Phone	0	3																		
Other After Hours Contact Information																				
Mobile	0	4																		
Does Adult B want to receive SMS Notifications?											<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Adult B's preferred contact method	(If Phone is selected, Email will be used for communication that cannot be sent via phone.)																			
	<input type="checkbox"/> Mail				<input type="checkbox"/> Email				<input type="checkbox"/> Mobile or Home Phone											
Email																				
Does Adult B want receive Email Notifications?											<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Do you hold a Working With Children (WWC) Card											<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Card Number																				
Expiry Date																				
Which type of Card do you hold?											<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee								

Primary Family Home Address

No. & Street or PO Box details														
Suburb														
State							Postcode							
Home Phone	0	3									Silent Number?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number	0	4												

Primary Family Mailing Address

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

No. & Street or PO Box														
Suburb														
State							Postcode:							

Main language spoken at home												
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List any other family members attending this school													

Primary Family Doctor Details

Doctor's Name												<input type="checkbox"/> Individual	<input type="checkbox"/> Group Practice	
No. & Street or PO Box No.														
Suburb														
State							Postcode							
Telephone Number	0	3												
Current Ambulance Subscription	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number											

Primary Family Emergency Contacts

Do not include Adult A or Adult B in this list.

1	Name		Relationship to Child	
	Phone		Language Spoken	
2	Name		Relationship to Child	
	Phone		Language Spoken	
3	Name		Relationship to Child	
	Phone		Language Spoken	
4	Name		Relationship to Child	
	Phone		Language Spoken	

Section C: Demographic Details of Student

❖ In which country was the student born?									
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)							
Date of arrival in Australia OR Date of return to Australia				D	D	M	M	Y	Y
What is the Residential Status of the student?				<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			D	D	M	M
						Y	Y	Y	Y
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? (If more than one language is spoken at home, indicate the one that is spoken most often)									
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes (please specify)							
Does the student speak English?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin?									
<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						
Is the student a young carer? (providing support/care for other family member/s)						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
What is the student's living arrangements?									
<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 Health and Human Services and live in alternative care arrangements away from their parents. These DHHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Usual mode of transport to school				
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Driven	<input type="checkbox"/> Taxi
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public Bus	<input type="checkbox"/> Tram	<input type="checkbox"/> Other	

Section D: School Details

Date of first enrolment in an Australian School	D	D	M	M	Y	Y	Y	Y
Name of previous School / Kindergarten / Child Care								
Years of previous education	What was the language of the student's previous education?							
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?						<input type="checkbox"/> Yes		<input type="checkbox"/> No
If No , how many days per week will the student be attending this school?								
Other school Name	Days/week		Enrolled?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Other school Name	Days/week		Enrolled?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Section E: Student Access/Activity Restrictions

Is the student at risk?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is there an Access Alert for the student?	<input type="checkbox"/> Yes → Complete the following questions and present a current copy of the document to the school. <input type="checkbox"/> No → Move to the immunisation / medical condition details questions.			
Access Type	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order	<input type="checkbox"/> Protection Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
Describe any Access Restriction				
Is there an Activity Alert for the student?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, then describe the Activity Restriction:				

Section F: Additional Needs

Has the student received any support from any of the following services?

- Speech Therapist Occupational Therapist Psychologist
 Paediatrician Other:

Briefly outline the focus of these supports:

Has the student been diagnosed with (or in the process of diagnosis) any of the following?

- ADD/ADHD ASD Intellectual Disability
 Language/speech disorder Developmental Delay Other

Please provide details and attach relevant documentation:

Section G: Student Medical Details

Please supply any relevant documents or reports to support medical conditions.

Medical Condition Details

Does the student suffer from any of the following impairments?	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student suffer from Asthma?	<input type="checkbox"/> Yes → Please complete the Asthma Medical Conditions Details section below <input type="checkbox"/> No → Skip to Other Medical Conditions below	

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: <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: 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? (note this needs to be updated annually) <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? <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: <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify:					
Symptoms:					
If my child displays any of the symptoms above please:					
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? If yes please complete a medication form available from the office				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Headlice

From time to time the staff may arrange Head Lice Inspections. The person conducting the inspection will check through your child's hair to see if any lice or eggs are present. In cases where head lice are found, parents/guardians will be required to come and collect their child for treatment. I consent to my child participating in the School's Head Lice Inspection Program for the duration of his/her schooling at Sunbury West Primary School. If your circumstances change please contact the school to update this information.

Do you consent to a Headlice Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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OPTIONAL: 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.

Most families do not complete this section.

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

OPTIONAL: Student Emergency Contacts

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

Most families do not complete this section.

1	Name		Relationship to Child
	Phone		Language Spoken
2	Name		Relationship to Child
	Phone		Language Spoken
3	Name		Relationship to Child
	Phone		Language Spoken
4	Name		Relationship to Child
	Phone		Language Spoken

Section H: Declarations

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 A	
Relationship to Student	
Date	D D M M Y Y Y Y

Signature of Parent/Guardian B	
Relationship to Student	
Date	D D M M Y Y Y Y

Signatory

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, 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, and that it is my responsibility to contact the school should anything change.

Signature of Parent/Guardian A								
Relationship to Student								
Date	D	D	M	M	Y	Y	Y	Y

Signature of Parent/Guardian B								
Relationship to Student								
Date	D	D	M	M	Y	Y	Y	Y

Section I: 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 Professionals	Commissioned Officer 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: <ul style="list-style-type: none"> • <i>Health, Education, Law, Social Welfare, Engineering, Science, Computing</i> professional • <i>Business</i> (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer) • <i>Air/sea transport</i> (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)
	Other business managers, arts/media/sportspersons and associate professionals	
Group B	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: <ul style="list-style-type: none"> ▪ <i>Health, Education, Law, Social Welfare, Engineering, Science, Computing</i> technician / associate professional ▪ <i>Business / administration</i> (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager) ▪ <i>Defence Forces</i> 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)