



# Student Enrolment & Admission 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 **cannot be accepted** without required supporting documentation:

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



Do any of these conditions apply to your child?

- They live at 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 an **Additional and Alternate Family Form**, which is available from the school office.

- 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 contact the office for an Additional & Alternate Family Form.**
- My child lives full-time in my house, but their other parent/guardian lives in a different house. **Please contact the office for an 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	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

### Primary Family Home Address

No. & Street																
Suburb																
State				Postcode												
Home Phone	0	3												Silent Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number	0	4														
Is Boronia West your designated school? <a href="http://findmyschool.vic.gov.au">findmyschool.vic.gov.au</a> <input type="checkbox"/> Yes <input type="checkbox"/> No																

**Please note:** we do not accept enrolments for students outside of the Boronia Designated Neighbourhood until later in the year to ensure we have sufficient space for students that live inside our designated neighbourhood. Designated neighbourhoods are determined by the Department of Education & Training (not the school) and vary from year to year. Please contact the school for more information.

## 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 available from the school 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 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		

## 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 the Alternate & Additional Family Form. Please contact the office.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	(please specify)
Title (Ms, Mrs, Mr, Mx, 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"/> <b>Australia</b> <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. <b>Group definitions are attached.</b> • 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'.				
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>N</b>



# 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		

## 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					Preferred language of notices				
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Are you interested in being involved in school group participation activities? (e.g. School Council, excursions, morning reading)					<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither				
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Please note: in order to participate in activities at school with children you will need to have a valid Volunteer [Working With Children Check](#) on file with the school office.

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

# Primary Family Billing Address

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

No. & Street or PO Box													
Suburb													
State				Postcode:									
Financial Statement Emailed To	<input type="checkbox"/> Adult A			<input type="checkbox"/> Adult B			<input type="checkbox"/> Other (specify below)						

## Section C: Demographic Details of Student

<b>❖ In which country was the student born?</b>									
<input type="checkbox"/> Australia		<input type="checkbox"/> Other (please specify)							
Date of arrival in Australia OR					D	D	M	M	Y
Date of return to Australia					Y	Y	Y	Y	Y
What is the Residential Status of the student?					<input type="checkbox"/> Permanent		<input type="checkbox"/> Temporary		
<b>Basis of Australian Residency</b>									
<input type="checkbox"/> Eligible for Australian Passport					<input type="checkbox"/> Holds Australian Passport				
<input type="checkbox"/> Holds Permanent Residency Visa									
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)									
<b>❖ Does the student speak a language other than English at home?</b> (If more than one language is spoken at home, indicate the one that is spoken most often)									
<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	
<b>❖ Is the student of Aboriginal or Torres Strait Islander origin?</b>									
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal							
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander							
<b>Is the student a young carer?</b> (providing support/care for other family member/s)						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>What is the student's living arrangements?</b>									
<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.

<b>Usual mode of transport to school</b>				
<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								
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

### 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 Library for more information

<https://www2.education.vic.gov.au/pal/enrolment/policy>

### Enrolment Conditions

## 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"/> Informal Carer Stat Dec	<input type="checkbox"/> Parenting Plan <input type="checkbox"/> DHHS Authorisation <input type="checkbox"/> Intervention Order <input type="checkbox"/> Witness Protection Program Order <input type="checkbox"/> Protection 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?		
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Paediatrician	<input type="checkbox"/> Other:	
Briefly outline the focus of these supports:		
Has the student been diagnosed with (or in the process of diagnosis) any of the following?		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> ASD	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Language/speech disorder	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> 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	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?	<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? <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	
Medication is stored <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere (please specify)	
Dosage time	Reminder required? <input type="checkbox"/> Yes <input type="checkbox"/> 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?		<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
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medical Action
If yes, please specify:			
Does the student take medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of medication taken			
How is the medication taken?	<input type="checkbox"/> Preventative:	Taken regularly as a preventative against symptoms	
	<input type="checkbox"/> Response:	Only taken in response to symptoms	
What is the usual dosage?			
How frequently is the medicine taken?			
Medication is usually administered by:	<input type="checkbox"/> Student	<input type="checkbox"/> Nurse	<input type="checkbox"/> Teacher
	<input type="checkbox"/> Other		
Medication is stored:	<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



## 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		0	3		
Current Ambulance Subscription		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number	

## OPTIONAL: Student Emergency Contacts

This section should ONLY be filled out if THIS student has emergency contacts other than the Prime 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

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 give permission for my child's photograph to be published in the Boronia West Weekly Bulletin, School Publications, the <a href="#">School Website</a> and Local Newspapers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boronia West Primary School has provided me with a copy of the Privacy Notice regarding this enrolment form. ( <a href="#">Available here</a> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read, understood and accept the school's Head Lice Policy and give consent for my child to have their hair inspected, if necessary, for the duration of their enrolment at this school. Head Lice Policy is available here: <a href="https://www.boroniawestps.vic.edu.au/news/school-policies/">https://www.boroniawestps.vic.edu.au/news/school-policies/</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read, understood and accept the school's Using Digital Technology Policy and Internet & Social Media Use Policy. These policies are available here: <a href="https://www.boroniawestps.vic.edu.au/news/school-policies/">https://www.boroniawestps.vic.edu.au/news/school-policies/</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

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

<b>Signature of Parent/Guardian B</b>								
<b>Relationship to Student</b>								
<b>Date</b>	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 <b>A</b>	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"> <li>• <i>Health, Education, Law, Social Welfare, Engineering, Science, Computing</i> professional</li> <li>• <i>Business</i> (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)</li> <li>• <i>Air/sea transport</i> (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)</li> </ul>
Group <b>B</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: <ul style="list-style-type: none"> <li>▪ <i>Health, Education, Law, Social Welfare, Engineering, Science, Computing</i> technician / associate professional</li> <li>▪ <i>Business / administration</i> (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)</li> <li>▪ <i>Defence Forces</i> senior Non-Commissioned Officer</li> </ul>	

Group	Tradesmen/women, clerks and skilled office, sales and service staff	
<b>C</b>	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:	<ul style="list-style-type: none"> <li>▪ <i>Office</i> (secretary, personal assistant, desktop publishing operator, switchboard operator)</li> <li>▪ <i>Sales</i> (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)</li> <li>▪ <i>Service</i> (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)</li> </ul>

Group	Machine operators, hospitality staff, assistants, labourers and related workers	
<b>D</b>	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:	<ul style="list-style-type: none"> <li>▪ <i>Office</i> (typist, word processing / data entry / business machine operator, receptionist, office assistant)</li> <li>▪ <i>Sales</i> (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)</li> <li>▪ <i>Assistant / aide</i> (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)</li> </ul>
	Labourers and related workers	<ul style="list-style-type: none"> <li>▪ <i>Defence Forces</i> - ranks below senior NCO not included above</li> <li>▪ <i>Agriculture, horticulture, forestry, fishing, mining worker</i> (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)</li> <li>▪ <i>Other worker</i> (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)</li> </ul>