'Improving outcomes for every child every day'
115 Bridge Road
Officer Vic 3809
Email: Bridgewood.ps@edumail.vic.gov.au
Website: https://bridgewood.vic.edu.au

STUDENT ENROLMENT FORM 2020

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

Regards

Kerry Coffey
Principal

BRIDGEWOOD PRIMARY SCHOOL #5563

115 Bridge Road, Officer Victoria 3809 email: bridgewood.ps@edumail.vic.gov.au

STUDENT ENROLMENT INFORMATION – 2020	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:**	

Please present student's Birth Certificate and Immunisation History Certificate at the office upon enrolment.

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 History 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?		**In which country was Adult B born?**	
☐ **Australia** ☐ **Other** (please specify):		☐ **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)		❖ **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):		☐ 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'.)*		❖**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		☐ 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)		❖ **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		☐ 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 ☐ Adult B	☐ Other (Please Specify)		

OTHER PRIMARY FAMILY DETAILS

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

The student lives with the Primary Family: (tick one)				
☐ Always	☐ Mostly	☐ Balanced	☐ Occasionally	☐ Never

Send Correspondence addressed to: (tick one)	☐ Adult A	☐ Adult B	☐ Both Adults	☐ Neither

DEMOGRAPHIC DETAILS OF STUDENT

❖ **In which country was the student born?**	
☐ Australia	☐ Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy)	_____ / _____ / _____
What is the Residential Status of the student? (tick)	☐ Permanent ☐ Temporary
Basis of Australian Residency:	
☐ Eligible for Australian Passport	☐ Holds Australian Passport
☐ Holds Permanent Residency Visa	
Visa Sub Class:	**Visa Expiry Date**: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID :(Not required for exchange students)	
❖ **Does the student speak a language other than English at home?** (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
☐ No, English only	☐ Yes (please specify):
Does the student speak 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.

Please enter map reference details:

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 or current Kinder:			
Years of previous education:		**What was the language of the student's previous education?**	
Does the student have a Victorian Student Number (VSN)?			
☐ Yes. Please specify: ☐☐☐☐☐☐☐☐☐	☐ 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

-
-

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 ☐ Informal Carer Stat Dec	☐ Parenting Plan ☐ DHHS Authorisation	☐ Intervention Order ☐ Witness Protection Program Order	☐ Protection Order ☐ Other
Describe any Access Restriction:				
Is there an Activity Alert for the student? (tick) If Yes, then describe the Activity Restriction:		☐ Yes	☐ No	

OFFICE USE ONLY

Current custody document placed on student file?	☐ Yes	☐ 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.

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

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				

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: _____ / _____ / _____

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

Bridgewood
Primary School and Integrated Child and Family Centre

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS
Permission to cover the student's schooling at Bridgewood Primary School

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a trained person approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians/carers.

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

Parent's/guardian's/carer's full name: .....

Parent's/guardian's/carer's full name: .....

Address:..... Post code:.....

Name of child attending the school:.....

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: ..... Date.....

Signature of parent/guardian/carer: ..... Date.....

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

Parent Consent Uniform Policy

Bridgewood

Rationale:

- A uniform dress code reinforces in students a pride in their own appearance, instils recognition of themselves as an integral part of the school community, and assists in developing pride in representing their school. Issues of equality, health and safety, and expense are also factors that contribute to the establishment of a Dress Code.

Aims:

- To promote equality amongst all students.
- To ensure there is a culture of high expectations and standards in the way students present to themselves within the school and the broader community.
- To further develop a sense of pride in, and identification with our school.
- To provide durable clothing that is cost effective and practical for our school environment.
- To maintain and enhance the positive image of the school in the community.

Implementation:

- After consultation with the school community and School Council, a uniform policy has been developed that provides an element of choice, is affordable to families and is safe and appropriate for students to wear when engaging in the varied school activities.
- The uniform policy applies during school hours and while travelling to and from school, and when students are on school excursions. Students with incorrect uniforms will be excluded from off site excursions.
- Exemptions to the uniform policy will be made where necessary eg. school camps, swimming activities. notification of the change of expectations will be clearly communicated on excursion or camp permission forms.
- The student uniform policy, including details of uniform items and place of purchase, will be available at the school reception.
- School Council requires the principal to be responsible for implementation of the policy in a manner consistent with the Student Engagement and Wellbeing Policy.
- School uniform requires students to wear clothes in school colours with the school logo on jackets, jumpers and shirts. Hair ties, scarves, culturally significant dress requirements, socks and shoelaces must comply with the school uniform policy. School uniforms should be well maintained and worn appropriately.
- Tights can be worn but must be navy or white. No leggings or pants to be worn under dresses.
- Students who are out of uniform will be issued with a uniform infringement notification through the Compass app. Parents will be contacted if students continue to attend school without the correct uniform.
- Stud earrings and sleepers worn in the ears, plus watches are the only acceptable jewellery.
- Extreme hair colours (eg: green, pink or purple rinses) and/or extreme hairstyles are not permitted; colours may be used on sporting events to represent the house colours and for fundraising.
- Other than clear nail polish, cosmetics may not be worn at school.
- Hats must be Bridgewood broad brimmed hats consistent with our Sunsmart Policy. Hats must be worn outside from September 1 until April 30th. Hats are not to be worn inside.

- Arrangements can be made to supply uniforms via State Schools Relief for families experiencing economic hardship.
- Parents seeking exemptions to the policy due to religious beliefs, ethnic or cultural background, student disability, health condition or economic hardship must apply in writing to the Principal.
- A note is required if your child is sent to school out of uniform. This is a short term exemption only.
- School bags must have the Bridgewood logo. These can be purchased at Noone Imagewear in Beaconsfield with all other uniform items.

Expectations

- I have read and agree to the uniform policy at Bridgewood.
- I will support this policy by ensuring my child/children attend school in full uniform every day.
- I agree to notify the school if my child is to be out of uniform for a short period of time

Parent Name: _____

Parent Signature: _____ 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