



FLEMINGTON PRIMARY SCHOOL

Enrolment Booklet

Checklist for Parents/Guardians

Student Name: _____

- | | | |
|---|--------------------------|----------------------|
| Enrolment Form (green or blue if provided by school)
All details completed in Enrolment Booklet | <input type="checkbox"/> | |
| Consent Forms
Signed in Enrolment Booklet | <input type="checkbox"/> | |
| Proof of Birth
Provide Birth Certificate or Passport and Visa (if not born in Australia) | <input type="checkbox"/> | |
| School Entry Immunisation History Statement <i>Call 1800 653 809 or via MyGov</i> | <input type="checkbox"/> | |
| Foundation Confidential Information Form (gold if provided by school) | <input type="checkbox"/> | |
| Proof of Address (only if new to school)
Provide bill, rental agreement, drivers licence | <input type="checkbox"/> | |
| Most recent school report (when student has already started school) | <input type="checkbox"/> | or <i>CIRCLE</i> N/A |
| Custody Documents (if applicable) | <input type="checkbox"/> | or <i>CIRCLE</i> N/A |
| Medical Condition (please provide copies of plans/reports) | <input type="checkbox"/> | or <i>CIRCLE</i> N/A |
| Medication Supplied (only if a medical condition is present) | <input type="checkbox"/> | or <i>CIRCLE</i> N/A |

Additional information to be provided (if applicable):

- | | |
|---|--------------------------|
| PSD (Program for Students with Disabilities) | <input type="checkbox"/> |
| ESL (English as a Second Language) | <input type="checkbox"/> |
| School Transfer Documentation (if available) | <input type="checkbox"/> |

Note: Places are granted in the following order:

- a) Within our boundary ie. We are your designated neighbourhood school. Check your address against our boundary on <https://www.findmyschool.vic.gov.au/> to check your designated neighbourhood school.
- b) Will have a sibling at our school when your child will start
- c) Distance out of our boundary providing we are not at capacity



PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form.

Please Read This Notice Before Completing The Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Flemington Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Flemington Primary School and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at Flemington Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Flemington Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Flemington Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Flemington Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Flemington Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

EMERGENCY CONTACTS

These are people that Flemington Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Flemington Primary School.

STUDENT BACKGROUND INFORMATION

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Flemington Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Religious Affiliation

If you want your child to receive religious instruction while at Flemington Primary School please complete this section. The Department of Education & Training needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Flemington Primary School.

Immunisation status

This assists Flemington Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

VISA STATUS

This information is required to enable Flemington Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Flemington Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Flemington Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The (**Insert School Name**) can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.

FLEMINGTON PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 20__	Computer Generated Student ID:	
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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"/> _____ (fill in blank)		
Student Mobile Number:	Birth Date: (dd-mm-yyyy)	___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS:

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

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	Timetabling Group	House	Campus		
Student Email Address:						
Immunisation Certificate received?: (tick)		<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted		
Is there a Medical Alert for the student? (tick)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Does the student have a Disability ID Number? (tick)		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disability ID No.:		
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) <small>For prep students only</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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):

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
Title: (Ms, Mrs, Mr, Mx, Dr etc)
Legal Surname:
Legal First Name:
What is Adult A's occupation?
Who is Adult A's employer?
In which country was Adult A born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult A:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> 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 <u>paid</u> work for the last 12 months, enter 'N'.

ADULT B DETAILS:

Gender (tick): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <small>fill in blank</small>
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"/> Australia <input type="checkbox"/> Other (please specify):
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):
Please indicate any additional languages spoken by Adult B:
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.) <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification
❖ 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 <u>paid</u> work for the last 12 months, enter 'N'.

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

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)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Number:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Mobile No:		
SMS Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Facsimile	
Email address:		
Email Notifications:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:					
Suburb:					
State:			Postcode:		
Telephone Number			Fax Number		
Current Ambulance Subscription: (tick)			<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B
	<input type="checkbox"/> Other (Please Specify)

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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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: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? (tick) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes) _____	
International Student ID : (Not required for exchange students) _____	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of 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.

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)				
<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"/> Self Driven	<input type="checkbox"/> Other
If student drives themselves 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)?	
<input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN.	
Please specify:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Years of interruption to education:	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name:	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0. 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
<ul style="list-style-type: none"> • •

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)		
Access Type: (tick)	<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? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, then describe the Activity Restriction:				
OFFICE USE ONLY				
Current custody document placed on student file?	<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.

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

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> 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) <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: (tick) 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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response			
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere			
Dosage time		Reminder required? (tick) <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? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:	
Symptoms:	
If my child displays any of the symptoms above please: (tick)	
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:	
Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	
Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Poison Rating	

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: ____ / ____ / ____

ALTERNATIVE FAMILY DETAILS (ONLY USE IF REQUIRED & STRIKE OUT (/) IF NOT USED - PAGES 10 TO 12)

ADULT A DETAILS (ALTERNATIVE CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<small>fill in blank</small>
Title: (Ms, Mrs, Mr, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult A's occupation?			
Who is Adult A's employer?			
In which country was Adult A born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes (please specify):			
Please indicate any additional languages spoken by Adult A:			
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> 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'.)			
<input type="checkbox"/> Year 12 or equivalent			
<input type="checkbox"/> Year 11 or equivalent			
<input type="checkbox"/> Year 10 or equivalent			
<input type="checkbox"/> Year 9 or equivalent or below			
❖ What is the level of the highest qualification the Adult A has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above			
<input type="checkbox"/> Advanced diploma / Diploma			
<input type="checkbox"/> Certificate I to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.			
<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. 			
<ul style="list-style-type: none"> • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 			

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<small>fill in blank</small>
Title: (Ms, Mrs, Mr, Dr etc)			
Legal Surname:			
Legal First Name:			
What is Adult B's occupation?			
Who is Adult B's employer?			
In which country was Adult B born?			
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):			
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)			
<input type="checkbox"/> No, English only			
<input type="checkbox"/> Yes (please specify):			
Please indicate any additional languages spoken by Adult B:			
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No			
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)			
<input type="checkbox"/> Year 12 or equivalent			
<input type="checkbox"/> Year 11 or equivalent			
<input type="checkbox"/> Year 10 or equivalent			
<input type="checkbox"/> Year 9 or equivalent or below			
❖ What is the level of the highest qualification the Adult B has completed? (tick one)			
<input type="checkbox"/> Bachelor degree or above			
<input type="checkbox"/> Advanced diploma / Diploma			
<input type="checkbox"/> Certificate I to IV (including trade certificate)			
<input type="checkbox"/> No non-school qualification			
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.			
<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. 			
<ul style="list-style-type: none"> • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 			

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

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)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

ALTERNATIVE FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		

ALTERNATIVE FAMILY DETAILS

ALTERNATIVE FAMILY HOME ADDRESS:

No. & Street or PO Box details:				
Suburb:				
State:		Postcode:		
Telephone Number:		Silent Number: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Number:		Fax Number:		
Proof of Zone Residency	Rate Notice <input type="checkbox"/>	Rental Agreement <input type="checkbox"/>	Driver's Licence <input type="checkbox"/>	

ALTERNATIVE FAMILY MAILING ADDRESS:

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

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

OTHER ALTERNATIVE FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
The student lives with the ALTERNATIVE Family: (tick one)			
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally
<input type="checkbox"/> Never			
Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults
<input type="checkbox"/> Neither			

NOTE: Parents receiving a benefit from Centrelink and holding a current Health Care card or a current Pension card may be entitled to receive the Education Maintenance Allowance. Information on eligibility and application forms are available from the school office.

ALTERNATIVE FAMILY DOCTOR DETAILS

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

ALTERNATIVE FAMILY EMERGENCY CONTACTS: (NOT ADULT A OR B) – MINIMUM OF 2 CONTACTS

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

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: ____ / ____ / ____

**STUDENT AND PARENT/GUARDIAN CONSENT
FOR ELECTRONIC RECORDING &/OR PUBLISHING**

Flemington Primary School

Name of Student: _____

Year Level: _____

Name of Teacher Requesting Permission: The Principal

Date: _____

Permission is being requested to publish, reproduce and communicate the photographic / video / audio recording of the above-named student and samples of the above-named student's schoolwork (eg. art work, photograph, school project, poem, article, blog, podcast, video, digital portfolio or digital story) on:

- The school's publicly accessible website
- The school's secure intranet for students and teachers to access at school only
- An educational password protected wiki on the world wide web
- An educational website on the world wide web
- Published by the media in relation to Flemington Primary School activities.
- DVD production of the School Concert

This consent is for an indefinite period of time.

STUDENT AND PARENT/GUARDIAN CONSENT

I, _____,
(full name of student)

give permission to the State of Victoria (Department of Education and Early Childhood Development) to publish, reproduce and communicate any of my:

- | | | |
|---|---|--|
| <input type="checkbox"/> Art work | <input type="checkbox"/> Blog | <input type="checkbox"/> Podcast |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Wiki | <input type="checkbox"/> Poem |
| <input type="checkbox"/> Video or digital story | <input type="checkbox"/> School project | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> School Concert DVD | | |

STUDENT IDENTIFICATION AND PRIVACY

If published, reproduced and communicated I understand that for privacy purposes my work will be identified using the title of the work, my first name only, my year level and school. No other personal information will be published although I accept that that my identity may nevertheless be apparent by association to a number of people. If my work identifies a living person other than myself, I have advised my teacher/the DEECD how to contact that person to obtain their consent for my work to be published.

INTELLECTUAL PROPERTY AND COPYRIGHT

I understand that I hold the intellectual property rights but grant the State of Victoria (Department of Education and Early Childhood) licence to use them at no cost.

I grant permission for the State of Victoria (Department of Education and Early Childhood Development) to allow my work to be made available to other government and not for profit, non-government schools in Australia which are members of the National Education Access Licence for Schools (NEALS). This means that other schools may reproduce and communicate my work.

With reference to the above material, I grant permission to the Department of Education and Early Childhood to use, reproduce, distribute, communicate to the public, publish, publicly perform, publicly display, modify, adapt, translate, upload, download in any form or manner, and incorporate this material into other materials or works in any format or medium for any non commercial purpose and the right to sublicense those rights. This consent is for an indefinite period of time.

I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the Communications Division, Department of Education and Early Childhood, Level 2, 2 Treasury Place, East Melbourne, 3002.

Student Name (print) (where student is under 18 years of age)

..... **Parent/Legal Guardian Name (print)**

Age..... **Year Level**

Signature **Parent Signature**

.....

Date **Date**

Child's Name: _____

VALID FOR THE PERIOD THE CHILD ATTENDS THIS SCHOOL

CONSENT TO MEDICAL ATTENTION

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:

- 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 _____

PERMISSION TO SPEAK TO KINDERGARTEN (future FOUNDATION)

I give permission for Flemington Primary School's Principal to contact my child's kindergarten / child care centre.

Kindergarten/Childcare Centre _____

Tel No.: _____

Signature of Parent/Guardian _____

HEADLICE CHECK

Headlice is a common problem in all schools and childcare facilities. Because of the working environment of schools, when a child has headlice it quickly spreads to other students in the grade.

The best way to way to treat headlice in schools is to carry out headlice checks and identify students so parents can treat students immediately.

Local councils no longer offer schools a free service of headlice checks, but at Flemington Primary we have a number of trained staff that assist the school in providing their services to conduct headlice checks when the need arises throughout the year.

I give permission for trained persons to check my child's head for lice/nits when required.

Signature(s) of Parents/Guardians _____

DATE / /20

DATE / /20

PHOTOGRAPH PERMISSION

At Flemington Primary School we are very proud of our programs and activities and are keen to share what happens at our school with the wider community. At times throughout the year we have representatives from the media (mainly newspapers) taking photographs etc. in various aspects of the school's programs.

It is a requirement that parent/guardian permission is given before children's photographs can be taken for media requirements, displays, website, promotional events and/or published. Please indicate your willingness to allow your child to have his/her photograph taken for this purpose, if it should arise whilst a student at this school, by signing the permission section below. Only students first names, and not surnames, would be released for publication.

I give permission for my child to have his/her photograph taken and possibly published by the media in relation to Flemington Primary School activities whilst he/she is a student at this school.

Signature(s) of Parents/Guardians _____

DATE / /20

DATE / /20

LOCAL EXCURSION

I give permission for my child to be involved in any local excursion (walking) from Flemington Primary School. I authorise the teacher in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical treatment as may be deemed necessary.

Excursions further afield, information and permission notes will be sent home to parents.

Signature(s) of Parents/Guardians _____

DATE / /20

DATE / /20

STUDENTS INTERNET CODE OF PRACTICE – EARLY YEARS (FOUNDATION – YEAR 2)

I agree to allow my child to access the Internet. This is on the understanding that the material has been previously viewed by the classroom teacher or quality assured and available through Department of Education, Employment and Training's web site or other sources approved by the school.

I expect that adequate supervision will always be available when my child is using the Internet.

I have explained to my child that he/she should click on the Home button and inform the teacher if he/she encounters any material on the web that makes him/her feel uncomfortable at any time or knows that the subject matter is for adults only.

My child is aware that he/she should never give out personal information, including their phone number, last name or home address when using the Internet.

I give my permission for my child to use the Internet at Flemington Primary School.

Signature of Parent/Guardian _____ Dated __ / __ / ____

STUDENTS INTERNET CODE OF PRACTICE – (YEAR 3 – YEAR 6)

Student Agreement

I agree to use the Internet in a responsible manner, but if I find myself in unsuitable locations I will immediately click on HOME or turn the monitor off and inform the teacher.

When using the Internet at Flemington Primary School I will:

- only work on the web for purposes specified by my teacher.
- not give out personal information such as my surname, address, telephone number, parents' work address/telephone number.
- never send a person my picture without first checking with my teacher.
- always have my teacher's permission before sending e-mail.
- compose e-mail messages using only language I understand is acceptable in my school.
- not respond to any messages that are unpleasant or that make me feel uncomfortable in any way. It is not my fault if I get a message like that.
- I will not use material from other web sites unless I have permission for the person who created the material. If I am unsure I will check with my teacher.
- not use the Internet to frighten or annoy another person.
- follow school guidelines and procedures when preparing materials for publication on the web.

I understand that breaches of the rules will see me lose my Internet access rights for a period of time determined by the school.

STUDENT NAME _____

Student Signature _____

Date _____

PARENT/GUARDIAN AGREEMENT

I agree to _____ using the Internet at school for educational purposes in accordance with the Student Agreement above.

I understand the school will provide adequate supervision and that steps have been taken to minimise risk of exposure to unsuitable material.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Date _____



FLEMINGTON PRIMARY SCHOOL
 Mt Alexander Road (PO Box 7), Flemington 3031
 Telephone: 9376 7137
 Facsimile: 9376 2230
www.flemingtonps.vic.edu.au

Confidential Information
FOUNDATION 20__

In order to make the transition process from kindergarten to school smoother, we are asking all parents to supply us with some background information about their child. This information will:

- allow us to take as many factors as possible into account when making placements in classes
- give individual teachers a more detailed profile of students and their needs
- lead to fewer anxieties developing in students as they settle into their new school environment

To be completed and presented with Student Enrolment Form
All information will be treated in a confidential manner.

Amanda Williams
 Principal

Name of Child: Date of Birth

Kindergarten Teacher:

Kindergarten/Childcare Centre:

Kindergarten Address:

Kindergarten Telephone Number:

MEDICAL HISTORY

List any factors we should be aware of. For example, asthma, epilepsy, anaphylaxis, specific treatment for any illness, special medication, recent operations, allergies, bed wetting, toileting problems, delayed development, problems with speech, vision, hearing.

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REFERRALS

List specialist reports providing information relevant to school entry. For example, speech, sight, hearing, motor skills, attention span, physical disabilities, behaviour.

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SOCIAL/EMOTIONAL DEVELOPMENT

Degree of independence, confidence and interaction (any worries about making friends, special friends, ability to work co-operatively, behaviours). Shyness, fears, worries, phobias (especially in new environments), readiness for school.

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PHYSICAL DEVELOPMENT

Any evidence of poor motor skills (both fine and motor gross).

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STRENGTHS AND WEAKNESS

eg. personal interests, ability to work alone, concentrate on a task and follow instructions.

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LANGUAGE SKILLS

Languages spoken at home and fluency of speech.

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FAMILY BACKGROUND

Anything the school should know about your family, for example, composition, relationships, siblings, custody issues.

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WHY HAVE YOU CHOSEN THIS SCHOOL?

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FOR FOUNDATIONERS STARTING IN THE FOLLOWING YEAR ONLY
QUESTIONS YOU HAVE FOR THE NOVEMBER INFORMATION EVENING

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.....

PARENTAL OCCUPATION GROUPS

Please select the appropriate group from the following list:

GROUP N: UNEMPLOYED FOR MORE THAN 12 MONTHS

If you are not currently in paid work but **have had a job in the last 12 months**, or have retired in the last 12 months, please **use your last occupation** to select from the list. If you have not been in paid work for the last 12 months, enter 'N' into the *Occupation Code* field in the enrolment form.

GROUP A: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATIONS, GOVERNMENT ADMINISTRATION AND DEFENCE AND QUALIFIED PROFESSIONALS.

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

Business [chief executive, managing director, company secretary, finance director, chief accountant, personnel / industrial relations manager, research and development manager]
Media [newspaper editor, film/television/radio/stage producer/director/manager]

Government Administration

Public Service Manager [regional director, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery director, research/facility manager, police/fire services administrator]

Defence Forces Commissioned Officer

Qualified Professionals Generally have a degree or higher qualifications and experience in applying knowledge to: design, develop or operate complex systems, identify, treat and advise on problems, teach others

Health [GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]

Education [school teacher, university lecturer, VET/specialist education/ESL/private teacher, education officer]

Law [judge, magistrate, barrister, coroner, solicitor, lawyer]

Social Welfare [social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]

Engineering [architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer]

Science [scientist, geologist, meteorologist, metallurgist]

Computing [IT services manager, computer systems designer/administrator, software engineer, systems/applications programmer]

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/Sea Transport [aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

GROUP B: OTHER BUSINESS OWNERS/MANAGERS, ARTS/MEDIA/SPORTSPERSONS AND ASSOCIATE PROFESSIONALS

Business Owner / Manager

Farm/business owner/manager [crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager, real estate business]

Specialist Manager [works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, personnel, industrial relations]

Financial Services Manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail Sales / Services Manager [shop, post office, restaurant, real estate agency, travel agency, betting agency, petrol station, hotel/motel/caravan park, sports centre, theatre/cinema, gallery, car rental, car fleet, railway station]

Arts / Media / Sportspersons

Artist / Writer [editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]

Sports [sportsman/woman, coach, trainer, sports official]

Associate Professionals Generally have a diploma / technical qualifications and provide support to managers and professionals

Medical, science, building, engineering, computer technician / associate professional

Health / Social Welfare [enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician]

Law [police officer, government inspector, examiner or assessor, occupational / environmental health officer, security advisor, private, law clerk, court officer, bailiff]

Business / Administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisors]

Defence Forces [e.g. senior non-commissioned officer]

Other [library technician, museum/gallery technician, research assistant, proof reader]

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.*

Trades [electrician, plumber, welder, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter, decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineer]

Clerks, Skilled Office, Sales and Service Staff

Clerk [bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, accounts/claims/audit/payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/dispatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/service clerk, hospital admissions clerk]

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Carer [aged/disabled/refuge care worker, child care assistant, nanny]

Service [meter reader, parking inspector, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

GROUP D: MACHINE OPERATORS, HOSPITALITY STAFF, OFFICE ASSISTANTS, LABOURERS AND RELATED WORKERS

Drivers, Mobile Plant, Production / Processing Machinery and other Machinery Operators

Driver or Mobile Plant Operator [car, taxi, truck, bus, tram or train driver, courier/deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]

Production / Processing Machine Operator [engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, production/processing machine operator]

Machinery Operator [photographic developer/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling]

Hospitality / Office Staff

Sales Staff [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, sales demonstrator, shelf stacker]

Office Staff [typist, work processing/data entry/business machine operator, receptionist]

Hospitality Staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, fast food cook, usher, porter, housekeeper]

Assistant / Aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]

Labourers and Related Workers

Defence Forces [other ranks (below senior NCO) without trade qualifications 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]