

# ENROLMENT APPLICATION FOR

Student Code:

Meeting Date/Time:  
Accepted:

Birth Cert. Yes/No  
Immunisation Cert. Yes/No

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**(STUDENT'S FULL NAME)**

**This is a Legal Document and every section must be completed**



**HOLY SPIRIT SCHOOL**  
**Mutsch Street**  
**LAVINGTON**

**Postal Address:** P.O. Box 299 Lavington NSW 2641

**Web Address:** [www.hsslavington.com](http://www.hsslavington.com)

**Principal:** Mr Matt Kean

**E-mail Address:** [hs-info@ww.catholic.edu.au](mailto:hs-info@ww.catholic.edu.au)

**Parish:** Lavington

# APPLICATION FOR ENROLMENT

<b>Name of Student:</b>		<b>Office Use Only</b>	
<b>Current school or Pre School/Early Learning Centre:</b>		Student Code:	
		Family Code:	
<b>Family Mailing Details</b>			
Family Surname			
Mail to [eg Mr & Mrs Smith]		Greeting Names [eg John & Mary]	
Address		Suburb/City	Post Code
Family Phone Number		Other	
Relationship: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>		Current Parish	
Health Fund (if applicable)		Health Fund Number: Expiry Date : _____	
Heath Care Card No. (if applicable)		Ambulance Subscription <input type="checkbox"/> No.	
Medicare Number			

Children in your Family at other Schools				
Please list below all the children in your family attending other Schools				
	Full Student Name	School Year	Birth Order	Current School Attending
Child				
Child				
Child				
Child				
Student Details				
First Name		Previous School:		Year Level:
Middle Name		Was the Student born overseas Yes <input type="checkbox"/> No <input type="checkbox"/>		
Surname		If Yes <input checked="" type="checkbox"/> Please complete the section below -		
Preferred Name		Date Arrived in Australia: _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)		Date attended first Australian School: _____		
Date of Birth		First Australian School Year (eg: 2001):		
Country of Birth		Religion		
Nationality		Does the student speak a language(s) other than English at home?		
Commencement Year		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please List Below:		
Start Date		1. _____ 2. _____		
School Year Start [eg: Kinder]		Special Needs:		
		<b>Office Use Only: Flag</b> RIS		
Parish/Sacramental Details				
Sacrament	Date Received	Parish Received	Copy of Certificate supplied	
Baptism			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reconciliation			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eucharist			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confirmation			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Office Use Only:</b>		Visa Sub Class		
Passport Number		Visa Expiry Date		
OSHC Membership Number		OSHC Expiry Date		
Confirmation of Enrolment – Course Code		Course Description		
Confirmation of Enrolment Number		Course Start Date		
		Course End Date		

## Declaration

In dealing with this application, it may be necessary for the school or the Catholic Schools Office, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Schools Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the Catholic Schools Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

I/we agree jointly and severally to pay all school fees, levies and charges incurred while my child is enrolled (including any expenses incurred by the school as a result of late or non-payment). (Note: No student will be refused enrolment because of an inability, as distinct from an unwillingness, of a parent/guardian to meet their school fee commitments. Please contact the Principal or Secondary Bursar to discuss your particular circumstances.

SIGNED:

Father/Guardian/Carer

DATE:

And/Or

SIGNED:

Mother/Guardian/Carer

DATE:

Indigenous Identifier	
Is the Student of Aboriginal or Torres Strait Islander origin?: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (If Yes, please tick <input checked="" type="checkbox"/> one below)	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	
Student's Residency Status	
What is the Student's Residency Status? (Evidence must be provided) Please note: Any change in Visa/Residency Status must be advised <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Norfolk Islander <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Visa Holder <input type="checkbox"/> Bridging Visa (BRVS) <input type="checkbox"/> Tourist or Visitor Visa (RSVS) <input type="checkbox"/> Full Fee Paying Overseas Student (OS)	
For Australian Born Citizens, if the Student was living overseas for two or more years, on what date did the student <b>return</b> to Australia?	
For Students Born Overseas, on what date did the student last <b>arrive</b> in Australia ?	
If the student is a Permanent or Temporary Visa Holder please provide the following information :	
Current Visa Sub Class :	Visa Number :
Visa Expiry Date	Passport Number :
<b>Office Use Only : Residency Status Evidence Supplied</b> <input type="checkbox"/> (please tick)	
Is Student Principal Visa Holder: <b><input type="checkbox"/> Yes    <input type="checkbox"/> No</b>	Subordinate Visa Holder: <b><input type="checkbox"/> Yes    <input type="checkbox"/> No</b>
For Students on an Overseas Student Visa refer to Enrolment of Overseas Students documentation and complete relevant form(s).	

Kindergarten Students
For Kindergarten Students, what type of formal care did this child have in the year prior to enrolling at school?
Formal Care <input type="checkbox"/> Long Day Care <input type="checkbox"/> Family Day Care <input type="checkbox"/> Occasional Care <input type="checkbox"/> Pre-School <input type="checkbox"/> Other Formal Care
Amount of formal care each week, prior to enrolling at school: <input type="checkbox"/> Up to 6 hours per week <input type="checkbox"/> Up to 12 hours per week <input type="checkbox"/> 12 hours to fulltime each week
Name of Pre-School, Long Day Care Centre or Other Formal Care Service:
Other Care <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Playgroup <input type="checkbox"/> Other Carer (please specify)

Previous Schools		
Please provide details of any school where the student has previously been enrolled (NSW, Interstate or Overseas) starting with the most recent. If more space is needed, please attach a page marked 'Previous Schools'.		
Name of School(s) attended (start with most recent)	Location of School(s)	Dates of Attendance
		From:                      To:
		From:                      To:
		From:                      To:
If this is not the Student's first enrolment at an Australian school, what was the Student's first date of enrolment at an Australian school?		

Medical Details	
Doctor/Medical Centre Name	Phone Number
Student's Medicare Number Medicare Expiry Date	Date of Last Tetanus Injection/Booster: Does Student have an allergy <b><input type="checkbox"/> Yes    <input type="checkbox"/> No</b>
<b>Allergies / Medical Alert</b>	Please specify <b>any allergies / medical alerts, particularly ANAPHYLAXIS</b> , relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabètes, Epilepsy management etc).
<b>Anaphylaxis</b>	Carries Epipen <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Immunisations</b>	Has the Immunisation Certificate been submitted? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

Additional Needs					
Please indicate whether the student applying for enrolment has any known or suspected <b>additional needs</b> (please tick <input checked="" type="checkbox"/> Yes or No for <b>each</b> of the following)					
Physical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural Needs Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Needs (vision and/or hearing impairment) Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other additional needs Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered <b>Yes</b> to any of the above, please complete the section below: ( <b>Supporting documentation <u>MUST</u> be provided</b> )					
<b>Is your child a young person with:</b> (please tick as applicable) <input type="checkbox"/> autism spectrum disorders <input type="checkbox"/> acquired brain injury <input type="checkbox"/> behaviour disorders <input type="checkbox"/> difficulties in the basic areas of learning <input type="checkbox"/> a hearing impairment <input type="checkbox"/> an intellectual disability <input type="checkbox"/> a language disorder <input type="checkbox"/> mental health issues <input type="checkbox"/> a physical disability <input type="checkbox"/> special abilities <input type="checkbox"/> vision impairment					
Other (please specify):					
Legislation and CEDWW policy recognise that learning adjustments may be required for students with additional needs. These are provided through alternative teaching and learning strategies and special provisions including oral interpreting, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support					
What was provided for your child in his/her previous school/pre-school/educational setting? (please tick as applicable) <input type="checkbox"/> access to technology <input type="checkbox"/> alternative teaching and learning strategies <input type="checkbox"/> Braille/Large Print <input type="checkbox"/> English language support <input type="checkbox"/> modification to equipment, furniture and learning spaces <input type="checkbox"/> personal carer support <input type="checkbox"/> a reader or scribe <input type="checkbox"/> special provisions for assessments <input type="checkbox"/> oral interpreting <input type="checkbox"/> early intervention services eg: speech therapy, occupational therapy, other therapies					
Other (please specify):					
Is there anything that you <b>do or modify at home</b> that may help us at school to meet your child's needs?					
What may be required for your child in this school? (please tick as applicable) <input type="checkbox"/> access to technology <input type="checkbox"/> alternative teaching and learning strategies <input type="checkbox"/> Braille/Large Print <input type="checkbox"/> English language support <input type="checkbox"/> modification to equipment, furniture and learning spaces <input type="checkbox"/> personal carer support <input type="checkbox"/> a reader or scribe <input type="checkbox"/> special provisions for assessments <input type="checkbox"/> oral interpreting					
Other (please specify):					

**You must also advise the school of any new conditions or needs as soon as you are aware of them.**

### Student's History Relevant to Risk Assessment

The school has a legal responsibility under the relevant section of the Education Act 1990 to assess and manage any risk of harm to its staff and students. This application gives you the opportunity to provide information that will help facilitate the smooth transition of students into our school setting. This may include preparing a behaviour management plan, risk assessment and risk management plan or other appropriate strategies directed at meeting the particular needs of the student. The action taken in response to the information you provide will help to safely support students in our school and contribute to ensuring the safety of your child, other students and staff.

To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students or staff at this school? **Yes ☐ No ☐**

If yes please complete the information below and provide a brief description of your child's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students or staff at this school.

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues.

Does your child have any past history of violent behaviour, including self-harm? **Yes ☐ No ☐**  
If yes please provide details (including any Apprehended Violence Orders issued against the student)

Has your child ever been suspended, transferred or excluded from any previous school, pre-school or other educational institution? **Yes ☐ No ☐**

If yes was this for: (please tick)

- Actual Violence to any person?  
**Yes ☐ No ☐**
- Possession of a weapon or any item to cause harm or injury?  
**Yes ☐ No ☐**
- Threats of violence or intimidation of staff, students, or others at the school?  
**Yes ☐ No ☐**
- Illegal drugs?  
**Yes ☐ No ☐**

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of the school setting? **Yes ☐ No ☐**

If yes, please provide a brief outline of these incidents:

If the student is enrolled it is essential that the school has all information about the needs of a student in order to make **REASONABLE ADJUSTMENTS** to meet those needs. The school **MUST** be advised promptly of any changes to the needs of the student.

Contact Details		
Details	Father/Carer Residing at the Same Address	Mother/Carer Residing at the Same Address
Title		
First Name		
Surname		
Relationship to child		
Gender		
Address – Street		
Suburb & Post Code		
Residential Guardian Y/N?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone Number		
Work Phone Number		
Fax		
Mobile Phone Number		
Email Address		
Occupation		
<b>(Government Requirement)</b> <b>Occupational Group</b> (Refer to list of occupations groups on the last page)	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>	Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> Group 8 <input type="checkbox"/>
Employer		
Employer Address – Street		
Employer Suburb & Post Code		
Country of Birth		
Nationality		
Ethnic Origin		
Religion		
<b>(Government Requirement)</b> <b>Highest Year of School Education:</b>	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 <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 <input type="checkbox"/>
<b>(Government Requirement)</b> Do you speak a language(s) other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below: 1. 2.
<b>(Government Requirement)</b> <b>Level of Highest Qualification</b>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/> Diploma/Advanced Diploma <input type="checkbox"/> Certificate I to IV (incl trade cert) <input type="checkbox"/> No non-school qualification <input type="checkbox"/>
Medicare Number		
<b>SIGNATURE</b>		
<b>Office Use Only:</b> FP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Office Use Only:</b> CPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

All information must be completed on this page

Contact Details		
(2) Emergency Contact Details MUST be completed		
Details	(1) Non Residential Parent (if applicable)	(2) Emergency Contact
	Please only complete if there is a Parent who does not reside at the Student's Home Address	Please nominate a person <b>other than a parent</b> who may be contacted in the event of an emergency, if parents cannot be contacted
Title		
First Name		
Surname		
Relationship		
Gender		
Address - Street		
Suburb & Post Code		
Home Phone Number.		
Work Phone Number.		
Mobile Phone Number.		
Email Address		N/A
Employer		
Employer Address – Street		
Employer Suburb & Post Code		
Occupation		
<b>(Government Requirement)</b>	Group 1 <input type="checkbox"/>	
	Group 2 <input type="checkbox"/>	
<b>Occupational Group</b>	Group 3 <input type="checkbox"/>	
	Group 4 <input type="checkbox"/>	
(Refer to list of occupations groups on the last page. )	Group 8 <input type="checkbox"/>	
Employer		
Employer Address – Street		
Employer Suburb & Post Code		
Country of Birth		
Nationality		
Ethnic Origin		
Religion		
<b>(Government Requirement)</b>	Year 12 or equivalent <input type="checkbox"/>	
	Year 11 or equivalent <input type="checkbox"/>	
<b>Highest Year of School Education:</b>	Year 10 or equivalent <input type="checkbox"/>	
	Year 9 or equivalent or below <input type="checkbox"/>	
<b>(Government Requirement)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes <input checked="" type="checkbox"/> Please list below:
<b>Do you speak a language(s) other than English at home?</b>	1. 2.	1. 2.
<b>(Government Requirement)</b>	Bachelor degree or above <input type="checkbox"/>	N/A
	Diploma/Advanced Diploma <input type="checkbox"/>	
<b>Level of Highest Qualification</b>	Certificate I to IV (incl trade cert) <input type="checkbox"/>	
	No non-school qualification <input type="checkbox"/>	
Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Supporting documentation must be provided.)	
<b>SIGNATURE</b>		
<b>Office Use Only: FP</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Office Use Only: CPD</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Agreement

Please tick the following boxes and sign below

1. I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- ☐ a) School Enrolment Policy
- ☐ b) School Pastoral Care Policy
- ☐ c) Schedule of Fees and Charges
- ☐ d) Special Needs Enrolment Protocols
- ☐ e) School Internet Use Policy
- ☐ f) School Privacy Policy/ Standard Collection Notice/ Use of Student Images Policy
- ☐ g) Child Protection Policy / Volunteer requirements
- ☐ h) Suspension and Exclusion Policy

Available on the School Website [www.hsslavington.com](http://www.hsslavington.com) or a hard copy is available from the School Office for your perusal.

2. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- ☐ Birth Certificate (required otherwise interview will not take place)
- ☐ Immunisation Certificate (required otherwise interview will not take place)
- ☐ Baptismal Certificate
- ☐ Citizenship documentation (where applicable)
- ☐ Evidence of time out of the country eg passport, plane tickets, overseas school reports (where applicable).
- ☐ Most recent previous school reports and external test results (where applicable)
- ☐ Relevant Family Court Orders (where applicable)
- ☐ Relevant medical and/or special needs information including clinical/educational assessments (where applicable)

- 3. I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.
- 4. If this enrolment is accepted I/we agree to support our child's participation in the religious life of the school (eg. school liturgies, retreat, sacramental programs).
- 5. If this enrolment application is successful, I/we agree to **jointly and severally honour** the financial commitments required by the school as per the **Schedule of Fees and Charges**.
- 6. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

### DECLARATION

In dealing with this application, it may be necessary for the school or the CEDWW, to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the CEDWW gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. I/we understand that the school or the CEDWW may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

**SIGNED** \_\_\_\_\_ (Father/Carer)

and / or

\_\_\_\_\_ (Mother/Carer)

DATE: \_\_\_\_\_

### Please note:

- Acceptance of this application for enrolment is subject to the approval of the school's Enrolment Committee.
- Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).

## Photograph/video permission Form

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

The Catholic Schools Office of the Diocese of Wagga Wagga may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child's photograph/video for the above purposes. Please complete the permission form below and return to the school as soon as possible.

Thank you for your support.

Student's Name:.....

● I give permission for my child's photograph/video and name to be published in:

- ☐ The school newsletter
- ☐ The school intranet
- ☐ The school website
- ☐ Social media
- ☐ Promotional materials
- ☐ Newspaper and other Media

● I authorise CEDWW to use the photograph/video in material available free of charge to school and education departments around Australia for the Diocese of Wagga Wagga's promotional, marketing and educational purposes.

● I give permission for a photograph/video of my child to be used CEDWW in the agreed publication without the acknowledgement, remuneration or compensation.

● I understand and agree that if I do not wish to consent to my child's photograph/video appearing in any or all of the publication above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

**Licensed under NEALS:** The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Education Access License for schools (NEALS), which is a license between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

**Name of Parent/ Guardian** (please tick).....

**Signed: Parent/ Guardian** ..... **Date**.....

## OCCUPATIONAL GROUPS

### Parental Occupation Definition:

**Parental Occupation** is defined as the **main** work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

### Group 1: 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 2: 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 3: 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/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

### Group 4: 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, kitchenhand, porter, housekeeper]

**Office assistants, sales assistants and other assistants.**

**Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]

**Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

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

**Labourers and related workers**

**Defence Forces** ranks below senior NCO not included above

**Agriculture, horticulture, forestry, fishing, mining worker** [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

**Other worker** [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

### Group 8: Currently not in paid work

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 the person's last occupation.

If the person has not been in paid work in the last 12 months, tick Group '8' in the appropriate box