



Enrolment Form

Select Campus and complete all details

<input type="checkbox"/> GEELONG (Foundation to VPC)	<input type="checkbox"/> CAULFIELD (Foundation to VPC)	<input type="checkbox"/> MAIDSTONE (Primary Years 3 to 6)
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Year Level/Program to be Enrolled into at MacKillop School (select one only)

<input type="checkbox"/> MacKillop School – Please state Year Level:	<input type="checkbox"/> XTend (Geelong only)	<input type="checkbox"/> CIRC (Geelong only)
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Details of initial Referral (already submitted to MacKillop School on a Referral Form)

Note: An Enrolment Form cannot be submitted until MacKillop School has received a fully completed Referral Form.

Date of Referral Form	/ /	Year Level student was enrolled in at last school	
Name of last school Student was enrolled at			
Address of last school Student was enrolled at			
Suburb		State	Postcode
Is the Student repeating a year at MacKillop School	<input type="checkbox"/> Yes <input type="checkbox"/> No	VSN Number (if known):	<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"/> <input type="checkbox"/>

Student's Details

Legal Surname		Preferred Name (if any)	
Legal First Given Name		Second Given Name (if any)	
Gender	Gender Student identifies as	Gender Pronouns	
Date of Birth	/ /	Does the Student have a Disability ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential (Street) Address			
Suburb		State	Postcode
Student's Current Residential Living Arrangements	<input type="checkbox"/> At home with TWO Guardians/Parents (biological/adoptive/foster, etc)	Out of Home Care:	
	<input type="checkbox"/> At home with ONE Guardian/Parent (biological/adoptive/foster, etc)	<input type="checkbox"/> In Residential Care	
	<input type="checkbox"/> With a Relative (sibling, aunt, uncle, etc)	<input type="checkbox"/> In Kinship Care	
	<input type="checkbox"/> On their own (as an emancipated youth)	<input type="checkbox"/> In Foster Care	
Student's Legal Guardian	<input type="checkbox"/> Parent(s) (biological/adoptive/foster, etc)	<input type="checkbox"/> Kinship Care:	
	<input type="checkbox"/> Care by Secretary (DFFH)	<input type="checkbox"/> Other (please state):	
Student Email (if any)		Student Mobile Number (if any)	
List names of any other family members attending MacKillop School (if any)			

Legal Guardian(s) Details

LEGAL GUARDIAN 1 (main contact for MacKillop School)

Note: The Legal Guardian is the person legally responsible for the Student. The Legal Guardian(s) may be the Student's Parent(s) (biological/adoptive/foster, etc), a person who has legal guardianship through a Care by Secretary Order or Court Order, a person who is appointed as a Kinship carer, etc.

Legal Surname				Preferred Name (if any)	
Legal First Given Name				Second Given Name (if any)	
Residential (Street) Address					
Suburb			State		Postcode
Email				Home Number	
Mobile Number				Work Number (if applicable)	
Gender (optional)			Gender Guardian identifies as (optional)	Gender Pronouns (optional)	
Legal Guardian 1's Relationship to Student	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Step-parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> DFFH Caseworker <input type="checkbox"/> Kinship Carer (Out of Home Care) <input type="checkbox"/> Other (please state): <input type="checkbox"/> Residential Carer (Out of Home Care) <input type="checkbox"/> Agency (please state)				
Student lives with Guardian 1:	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/> Other (please state):				
Is Legal Guardian 1 usually at home during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Can we contact Legal Guardian 1 on work number (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LEGAL GUARDIAN 2

Legal Surname				Preferred Name (if any)	
Legal First Given Name				Second Given Name (if any)	
Residential (Street) Address					
Suburb			State		Postcode
Email				Home Number	
Mobile Number				Work Number (if applicable)	
Gender (optional)			Gender Guardian identifies as (optional)	Gender Pronouns (optional)	
Legal Guardian 2's Relationship to Student	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Host Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Step-parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> DFFH Caseworker <input type="checkbox"/> Kinship Carer (Out of Home Care) <input type="checkbox"/> Other (please state): <input type="checkbox"/> Residential Carer (Out of Home Care) <input type="checkbox"/> Agency (please state)				
Student lives with Guardian 2:	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Balanced <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/> Other (please state):				
Is Legal Guardian 2 usually at home during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Can we contact Legal Guardian 2 on work number (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Maidstone Campus

10-12 Gilda Street
Maidstone VIC 3012
(03) 8317 9700

Geelong Campus

25-33 Oxford Street
Whittington VIC 3219
(03) 5248 2557

Caulfield Campus

3 Cromwell Street
Caulfield North VIC 3161
(03) 9964 6600

Legal Guardian(s) Demographics

❖ These questions are asked as a requirement of the Australian Government. All schools in Australia are required to collect this information. The information is deidentified and anonymous when given to the Australian Government.

LEGAL GUARDIAN 1 (MAIN CONTACT)

Country of Birth	
Does Legal Guardian 1 speak English fluently	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Does Legal Guardian 1 speak a language OTHER than English at home? (If more than one language is spoken at home, which language is spoken most often)	<input type="checkbox"/> English only <input type="checkbox"/> Yes (specify):
Is an interpreter required to communicate with School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please advise any additional languages spoken by Legal Guardian 1	
What is the main Language spoken between Legal Guardian 1 and the Student	
❖ What is the highest year of schooling Legal Guardian 1 completed (tick one only)? If never attended school, select "Year 9 or equivalent or below"	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the highest qualification level Legal Guardian 1 has completed? (tick one only)	<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
Occupation	
Name of Employer	
❖ What is the occupation group of Legal Guardian 1? See "Legal Guardian Occupation Group Codes" on last 2 pages of this form to select the appropriate number.	
• 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 8.	

LEGAL GUARDIAN 2

Country of Birth	
Does Legal Guardian 2 speak English fluently	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Does Legal Guardian 2 speak a language OTHER than English at home? (If more than one language is spoken at home, which language is spoken most often)	<input type="checkbox"/> English only <input type="checkbox"/> Yes (specify):
Is an interpreter required to communicate with School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please advise any additional languages spoken by Legal Guardian 2	
What is the main Language spoken between Legal Guardian 2 and the Student	
❖ What is the highest year of schooling Legal Guardian 2 completed (tick one only)? If never attended school, select "Year 9 or equivalent or below"	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
❖ What is the highest qualification level Legal Guardian 2 has completed? (tick one only)	<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
Occupation	
Name of Employer	
❖ What is the occupation group of Legal Guardian 2? See "Legal Guardian Occupation Group Codes" on last 2 pages of this form to select the appropriate number.	
• 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 8.	

Emergency Contacts (Please provide at least 3 Emergency Contacts)

Note: Emergency Contacts are NOT the Legal Guardians. Emergency Contacts are people nominated by the Legal Guardian(s), that can be contacted by the School if we are unable to contact the Legal Guardians at any given time.

Full Name (Given Name and Surname)	Relationship to Student (e.g. Grandparent, Aunt)	Contact Telephone Number(s)	Language Spoken

Student's Demographics

❖ These questions are asked as a requirement of the Australian Government. All schools in Australia are required to collect this information. The information is deidentified and anonymous when given to the Australian Government.

❖ In which country was the Student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please state):			
Date of arrival in Australia or Date of return to Australia:	/ /	International Student ID (if applicable)	
What is the Residential Status of the Student (please tick one only)?		<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Basis of Australian Residency	<input type="checkbox"/> Eligible for an Australian Passport	<input type="checkbox"/> Holds Australian Passport	<input type="checkbox"/> Holds Permanent Residency Visa
Visa Sub Class	Visa Expiry Date / /	Visa Statistical Code (needed for some sub-classes)	
❖ Does the Student speak a language OTHER than English at home? (Please tick one only). 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 (specify):
❖ Does the Student speak English fluently? (please tick one only)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Is the Student of Aboriginal or Torres Strait Islander origin (please tick one only)?			
<input type="checkbox"/> No, neither Aboriginal nor Torres Strait Islander			
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
❖ Student's Religion (please state Religion, or write None):			
Note: It is the Host School's responsibility to provide religious instruction/sacraments (if applicable) for the Student.			

Access or Activity Restrictions applicable to Student

Is there an Access Alert for the Student?	<input type="checkbox"/> Yes (If Yes, please complete all questions below)	<input type="checkbox"/> No (If No, continue to next section)
Note: If there are any current Court Orders in place, then a copy MUST be provided with this Enrolment Form. It is also the Legal Guardian(s) responsibility throughout the Student's enrolment to provide updated Orders.		
Access Type	<input type="checkbox"/> Court Order	<input type="checkbox"/> Restraining Order
	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Intervention Order
Give a brief summary of Access Alert and Restrictions that are legally current on the Court Order		

Student's Medical Information

Doctor's Name	Individual or Group Practice <input type="checkbox"/> Individual <input type="checkbox"/> Group	
Residential (Street Address)		
Suburb	State	Postcode
Telephone	Medicare Number (including Line No.)	
Is the Student covered by an Ambulance Subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide the Ambulance Subscription Number
Is the Student covered by Private Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide the name of the Private Health Insurance Fund
Does the Student have their own Health Care/Pension Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide the Student's Health Care/Pension number
Does Legal Guardian 1 have their own Health Care/Pension Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide Legal Guardian 1's Health Care/Pension number
Does Legal Guardian 2 have their own Health Care/Pension Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide Legal Guardian 2's Health Care/Pension number

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Student's Medical Condition(s)

ALL GENERAL MEDICAL CONDITIONS

(Excluding Asthma, Anaphylaxis and severe Allergic Reactions - These conditions are covered separately below)

Does the Student have any medical conditions? (other than Asthma, Anaphylaxis or severe Allergic Reactions)		<input type="checkbox"/> Yes (Please complete questions below)		<input type="checkbox"/> No	
Specify symptoms of condition below		If my child displays any of these symptoms			
		Inform Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Administer Medication provided by Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Inform Other (please state):			
Does the Student take any medication at School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication to be taken at School			
What is the dosage of medication to be taken at School?		What time should the medication be administered at School?			
Note: All medication to be taken at School must be kept at the School Office - Staff will administer. It is the Legal Guardian(s) responsibility to ensure the School has adequate supplies of current medication for the student.					
Does the Student suffer from any impairment in the following areas?	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 take any regular prescription medication at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of prescription medication taken at home			

ANAPHYLAXIS (if applicable)

Does the Student have Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, then a current Anaphylaxis Action Plan from the Student's Doctor must be provided before the Student can commence at MacKillop School, and a current Auto-Injector/Epipen must be provided to the School Office.			
List everything the Student has an Anaphylactic reaction to, as stated by Doctor on Anaphylaxis Plan					
Please indicate if the Student shows any of the following symptoms		Indicate what action should be taken if the Student shows any of these symptoms, but not an Anaphylactic reaction			
<input type="checkbox"/> Cough		Inform Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Difficulty Breathing/Tight Chest		Administer Medication provided by Legal Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Wheeze		Inform Emergency Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Exhibits symptoms after exertion		Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Exhibits symptoms when stressed		Take Other Medical Action	<input type="checkbox"/> Yes (Advise below)	<input type="checkbox"/> No	
Note: Auto-injector/Epipen must be kept at the School Office - Staff, Doctor or Ambulance Officer will administer. It is the Legal Guardian(s) responsibility to ensure the School has a current auto-injector/Epipen for the student.					

ASTHMA (if applicable)

Does the Student have Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, then a current Asthma Action Plan from the must be provided by the Legal Guardian(s) before the Student can commence at MacKillop School, and current medication must be provided to the School Office.			
List everything the Student has an Asthmatic reaction to, as stated by Doctor on the Asthma Action Plan					
Does the Student take Asthma medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Asthma medication taken			
Is the Asthma medication taken regularly by the Student as a preventative only, or in direct response to the onset of symptoms?		<input type="checkbox"/> Preventative	<input type="checkbox"/> Response		
Indicate the usual dosage of Asthma medication taken		Indicate how frequently the Asthma medication is taken			
Note: Asthma medication must be kept at the School Office - Student may self-administer, under guidance from Staff. It is the Legal Guardian(s) responsibility to ensure the School has current Asthma medication for the student.					

SEVERE ALLERGIC REACTIONS (if applicable)

Does the Student have any severe Allergic Reactions, but not Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, then a current Allergic Reactions Plan from the Student's Doctor must be provided before the Student can commence at MacKillop School, and current medication must be provided to the School Office.
List everything the Student has severe Allergic reaction to, as stated by Doctor on the Allergic Reactions Action Plan		
Please indicate if the Student shows any of the following symptoms	Indicate what action should be taken if the Student shows any of these symptoms, but not a severe Allergic reaction	
<input type="checkbox"/> Cough	Inform Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty Breathing	Administer Medication provided by Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wheeze	Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms after exertion	Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exhibits symptoms when stressed	Take Other Medical Action	<input type="checkbox"/> Yes (Advise below) <input type="checkbox"/> No
<input type="checkbox"/> Tight Chest		
Does the Student take Allergy medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Allergy medication taken
Indicate the usual dosage of Allergy medication taken		Indicate how frequently the Allergy medication is taken
Note: Allergy medication must be kept at the School Office - Student may self-administer, under guidance from Staff. It is the Legal Guardian(s) responsibility to ensure the School has adequate supplies of current medication.		

Parent/Guardian (or Agency) Provision of Medical Care Declaration

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school, I authorise and give consent for the MacKillop Education Staff Member in charge of my child, where the Staff Member is unable to contact me or it is otherwise impracticable to contact me to (please cross out any unacceptable statement):

- To facilitate my child receiving any and all medical or surgical attention deemed necessary by a medical practitioner,
- To administer any First Aid deemed reasonably necessary by a qualified First Aid Officer.

SIGNATURE OF LEGAL GUARDIAN 1: _____

SIGNATURE OF LEGAL GUARDIAN 2: _____ **DATE:** ____ / ____ / ____

Parent/Guardian (or Agency) Declaration

Thank you for completing this Enrolment Form. The information you have provided will enable MacKillop School staff to properly enrol the Student. All information will be treated confidentially. Please complete the declaration below.

I certify that the information contained within this Enrolment Form is correct:

SIGNATURE OF LEGAL GUARDIAN 1: _____ **DATE:** ____ / ____ / ____

SIGNATURE OF LEGAL GUARDIAN 2: _____ **DATE:** ____ / ____ / ____

MACKILLOP SCHOOL, CAULFIELD (Foundation to VPC) Principal: Angela Alibrando E-mail: angela.alibrando@mackillop.org.au Mobile: 0400 345 641 Office: (03) 9964 6610 (Aileen Keane) Address: 3 Cromwell Street, Caulfield North, VIC, 3161	MACKILLOP SCHOOL, GEELONG (Foundation to VPC) Co-Principal: Skye Staude E-mail: skye.staude@mackillop.org.au Co-Principal: Perri Broadbent-Hogan E-mail: perri.broadbent-hogan@mackillop.org.au Mobile: 0459 646 889 Office: (03) 5248 2557 (Judy Hickey) Address: 25-33 Oxford St, Whittington, VIC, 3219	MACKILLOP SCHOOL, MAIDSTONE (Primary Years 3 to 6) Acting Principal: Tammy Byrne E-mail: tammy.byrne@mackillop.org.au Mobile: 0499 186 160 Office: (03) 8317 9700 (Mandy Tognella) Address: 10-12 Gilda St, Maidstone, VIC, 3012
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LEGAL GUARDIAN 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.

Code	Code Description	Detailed Description
1	Elected officials, senior executives/manager, management in large business organisation. Government administration and defence and qualified professionals	<p>Elected officials (mayor parliamentarian, alderperson, trade union secretary, board member)</p> <p>Senior executives/general managers/department heads in industry, commerce, media or other large organisation</p> <ul style="list-style-type: none"> • Public sector manager (public service manager (section head or above), regional director, hospital/health services education) • Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director) • Defence forces (Commissioned Officer) <p>Qualified 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</p> <ul style="list-style-type: none"> • Health (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist) • Education (primary/secondary school teacher, university lecturer, professor, VET, special education) • Law (lawyer, judge, barrister, coroner, solicitor, legal officer) • Engineering (architect, surveyor, chemical/civil/mechanical/mining engineer) • ICT (computer systems manager, designer, software and applications programmers) • Science (all scientists) • Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist) • Social (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator) • Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)
2	Other business managers/professionals	<ul style="list-style-type: none"> • 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) • Specialist manager (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals) • Finance (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant) • Retail sales/services manager (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers) • Arts/media (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer) • Sportsperson (coach, trainer, sports official, sportsperson) <p>Associate professionals generally have diploma/technical qualifications and support managers and professional</p> <ul style="list-style-type: none"> • Medical, science, architectural, building, surveying, engineering, computing, ICT support technician • Health (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician) • Legal (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, 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 manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts,

- contract, program)
- **Defence Forces** (senior non-Commissioned Officers [NCO])
 - **Other** (library assistant, museum/gallery technician, research assistant, proof reader)
- 3** Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff
- Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)
- Advanced/intermediate clerical, office, sales, carer and service staff**
- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
 - **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
 - **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
 - **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
 - **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
 - **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)
- 4** Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers
- Machine operators**
- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
 - **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
 - **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)
- Sales office, hospitality staff and other assistants**
- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
 - **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
 - **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
 - **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)
- Defence Forces** ranks below senior NCO
- 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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)
- 8** Not in paid work in last 12 months
- 9** Not stated or unknown