TRINITY CATHOLIC SCHOOL

57-59 Davison Street, Richmond 3121
Telephone: 9428 7180
Website: www.tcsrichmondnth.catholic.edu.au

RICHMOND’S JESUIT PRIMARY SCHOOL
DEVELOPING INDIVIDUALS TO THEIR FULLEST POTENTIAL.
SHAPING YOUNG LIVES ACCORDING TO CHRISTIAN VALUES

APPLICATION FOR ENROLMENT

CHILD’S NAME  ...........................................................................................................

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>DOCUMENTATION</th>
<th>SUPPLIED</th>
<th>DATE</th>
<th>SIGNATURE</th>
<th>FOLLOW UP</th>
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</thead>
<tbody>
<tr>
<td>Birth Certificate</td>
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<td>Baptism Certificate</td>
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<td>Immunisation Certificate</td>
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<td>Asthma Plan</td>
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<td>Anaphylaxis Plan</td>
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<td>Citizenship Documents</td>
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<td>School Reports</td>
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<td>Family Court Orders</td>
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ENROLMENT POLICY

Trinity Catholic School strives to maintain a welcoming community that is inclusive and respectful of others. We believe that Christian Gospel values underpin all our endeavours and interactions. We share a respect for our multi-faith and multi-cultural community.

In keeping with the Enrolment Policy of the Archdiocese of Melbourne for Catholic Schools and mindful of our own diverse needs, Trinity Catholic School’s Enrolment Policy aims to establish a clear procedure for the enrolment of children into the school.

The Parish Priest and Principal will exercise discretionary judgment and pastoral considerations on all enrolment matters. Final decisions will be made by them.

The Catholic Ethos of our school

Prospective parents/guardians should be mindful of the fact that Trinity Catholic school values prayer and liturgy. In all its work it espouses the values of the Catholic Church. All interactions with students, staff and parents have this central set of values as our core. Our pastoral care and support programs for students, families and staff are based on the teachings of the Catholic Church.

Enrolment Information:

- Children must turn 5 years of age before the 30 April in the year they are commencing school.
- A copy of the child’s Birth and Baptism Certificates must also be provided. These should be attached to your Enrolment Form.
- An Immunisation Certificate must be provided for all children, prior to their commencement at school. This can be obtained from your local council.

The Enrolment Criteria:

Enrolment applications will be considered in the following order:

- Siblings of children currently attending the school
- Catholic children who are residents of the parish.
- Catholic children who do not reside in the parish but are recognised as parishioners by the Parish Priest.
- Catholic children from other parishes (for pastoral reasons).
- Children from non-Catholic Eastern churches who reside in the parish.
- Children from non-Catholic Eastern churches who reside outside the parish.
- Other Christian children who reside in the parish.
- Other Christian children who reside outside the parish.
- Non-Christian children who reside in the parish.
- Non-Christian children who reside outside the parish.

Application for Enrolment

Enrolment Forms will be available at the Trinity Catholic School office on application.

All parents/guardians enrolling their children at Trinity Catholic School should complete this Application for Enrolment and return it by the due date. Completion of this form does not guarantee enrolment in the school or subsequent enrolment in a Catholic Secondary School.
In considering a place at Trinity Catholic School, all parents/guardians must be mindful of the fact that:

- Parents/guardians must be prepared to support the school in the Catholic education of their children and involve themselves as much as possible.

- Parents/guardians must recognise and be prepared to meet their financial responsibilities for the ongoing enrolment of the child. Difficulty in meeting financial commitments to the school should be discussed with the principal at the earliest opportunity.

- Parents/guardians must advise the principal of any Court Order(s) that may exist in regard to the child, or any changes to such Court Order(s) and provide a copy of the Court Order(s) and any subsequent changes for the child’s school file.

- Parents/guardians must supply the school with a copy of a Birth Certificate, Baptismal Certificate and Health Immunisation Certificate and any other relevant documentation requested by the principal.

**Enrolment Procedure**

Following receipt of the Enrolment application, parents/guardians will be invited to attend an interview with the Principal or his/her nominee. The child should attend this meeting.

If successful, a letter of offer will be sent to the applicant. An enrolment fee of $50 should accompany the acceptance of this offer. This amount will be deducted from the school fees.

In Term 4, all parents/guardians of Prep children for the following year will be invited to an Information Session held at the school. In November, prospective Prep children are expected to attend Trinity Catholic School for two mornings as part of the Transition program.
**FAMILY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>FATHER'S / CARER'S DETAILS</th>
<th>MOTHER'S / CARER'S DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>TITLE</td>
</tr>
<tr>
<td>FIRST NAME</td>
<td>FIRST NAME</td>
</tr>
<tr>
<td>MIDDLE NAME</td>
<td>MIDDLE NAME</td>
</tr>
<tr>
<td>SURNAME</td>
<td>SURNAME</td>
</tr>
<tr>
<td>OCCUPATION</td>
<td>OCCUPATION</td>
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<td>EMPLOYER</td>
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<td>TELEPHONE</td>
<td>TELEPHONE</td>
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<td>HOME</td>
<td>HOME</td>
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<tr>
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<td>MOBILE</td>
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<tr>
<td>EMAIL</td>
<td>EMAIL</td>
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<tr>
<td>COUNTRY OF BIRTH</td>
<td>COUNTRY OF BIRTH</td>
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<tr>
<td>YEAR OF ARRIVAL</td>
<td>YEAR OF ARRIVAL</td>
</tr>
<tr>
<td>STATUS OF ENTRY</td>
<td>STATUS OF ENTRY</td>
</tr>
<tr>
<td>FIRST LANGUAGE</td>
<td>FIRST LANGUAGE</td>
</tr>
<tr>
<td>RELIGION</td>
<td>RELIGION</td>
</tr>
</tbody>
</table>

**MARRIED DIVORCED SEPARATED SINGLE WIDOWED (Please circle)**

*If separated / divorced, please specify custody arrangements. (Please supply a copy of the Court Orders – Custody Arrangements)*

Who has custody of the child?: .................................................................

**ARE YOU A HOLDER OF A:**

- **HEALTH BENEFIT CARD**  YES / NO Card Number: .....................
- **HEALTH CARE CARD**  YES / NO Card Number: .....................
- **PENSIONER HEALTH BENEFITS CARD**  YES / NO Card Number: .....................

**SCHOOL ACCOUNTS TO BE ADDRESSED TO:**

<table>
<thead>
<tr>
<th>MR / MR &amp; MRS / MRS / MS (Please circle)</th>
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</thead>
<tbody>
<tr>
<td>INITIAL AND SURNAME</td>
</tr>
<tr>
<td>ADDRESS:</td>
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</tbody>
</table>
CHILD’S INFORMATION

SURNAME: .............................................................................................................

GIVEN NAMES: ......................................................................................................

ADDRESS: .............................................................................................................

......................................................................................................................... POST CODE: .............................................

TELEPHONE: ............................................................................................................

MALE / FEMALE: .....................................................................................................

DATE OF BIRTH: .....................................................................................................

CURRENT PARISH: .................................................................................................

(A copy of your child’s Birth Certificate should be enclosed with this application)

Is the child Aboriginal or Torres Strait Islander? Please tick appropriate box.

[ ] No   [ ] Aboriginal   [ ] Torres Strait Islander   [ ] Both Aboriginal and Torres Strait Islander

NUMBER OF CHILDREN IN THE FAMILY: ..............................................................

POSITION YOUR CHILD HAS IN THE FAMILY: 1ST / 2ND / 3RD etc.: ....................

NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY: ......................................

...............................................................................................................................

COUNTRY OF CHILD’S BIRTH: ..................................................................................

DATE OF ARRIVAL IN AUSTRALIA: (if relevant) ......................................................

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? Please tick

[ ] No English only   [ ] Yes, other. (Please specify): ..............................................

KINDERGARTEN ATTENDED: .............................................................. TEL. NO: ..........................

OTHER SCHOOL/S ATTENDED: ..................................................................................

DO YOU GIVE CONSENT FOR CONTACT WITH PREVIOUS SCHOOL / PRE SCHOOLS?

YES / NO (Please Circle) Signed: ..............................................................................

Please attach copies of previous reports (e.g. School / Pre-School and other relevant reports).
SOCIAL LINGUISTIC PROFILE

WHAT LANGUAGES ARE SPOKEN AT HOME? .................................................................
WHAT LANGUAGES DOES YOUR CHILD UNDERSTAND? ..............................................
IN HIS / HER FIRST LANGUAGE, IS YOUR CHILD ABLE TO READ? ........ WRITE? ......

LANGUAGE SPOKEN AT HOME BY YOUR CHILD TO THE:
FATHER: .................................................  MOTHER: ...................................................
GRANDPARENTS: ...................................  SIBLINGS: ..................................................

HAS YOUR CHILD BEEN OVERSEAS FOR AN EXTENDED TIME (e.g. in excess of 3 months)?
YES / NO (Please Circle)
IF YES, COUNTRY: ...................................... LENGTH OF TIME: ..................................
WHilst OVERSEAS, DID YOUR CHILD ATTEND SCHOOL? YES / NO (Please Circle)

DOES YOUR CHILD ATTEND LANGUAGE SCHOOL: YES / NO (Please Circle)
IF YES, PLEASE NAME: ..................................................................................................
FOR HOW MANY YEARS?: .........................................................................................
A copy of the Immunisation Certificate must be received before the child commences school.

MEDICARE NO: ........................................................................................................

AMBULANCE MEMBERSHIP NO: ..............................................................................

PRIVATE HEALTH COVER (e.g. HBA) Membership Number: ....................................

HAS YOUR CHILD BEEN IMMUNISED? YES / NO (Please circle).  
(If not, a letter from your Doctor must be attached to this Application).

DOES YOUR CHILD REQUIRE MEDICATION FOR ASTHMA? YES / NO (Please circle).  
(If yes, please supply a copy of the Medical Action Plan)
Comments: ............................................................................................................

DOES YOUR CHILD REQUIRE MEDICATION FOR ANAPHYLAXIS? YES / NO (Please circle).  
(If yes, please supply a copy of the Medical Action Plan)
Comments: ............................................................................................................

HAS YOUR CHILD HAD ANY OF THE FOLLOWING: (Please circle)
Chicken Pox  Hepatitis  Eczema  German Measles  Scarlet Fever
Diabetes  Measles  Mumps  Epilepsy  Glandular Fever

Any other illnesses: ....................................................................................................

ANY KNOWN ALLERGIES, e.g. drug, food, plant? .................................................................
Please list any medication (name, dosage and regularity) taken on a regular basis .........
..............................................................................................................................

DOES YOUR CHILD WEAR GLASSES: YES / NO

ARE THEY WORN AT ALL TIMES: YES / NO
Comments: ............................................................................................................
..............................................................................................................................

DOES YOUR CHILD HAVE A HEARING PROBLEM: YES / NO
COMMENTS: ............................................................................................................
..............................................................................................................................
Please state any recent family situation which may affect your child’s health and well-being (e.g. death or serious illness in family) .................................................................


DO YOU GIVE PERMISSION FOR YOUR CHILD TO PARTICIPATE IN HEAD LICE INSPECTIONS?: YES / NO (Please Circle)

Signature: ..........................................................................................................................................................

SPECIAL NEEDS

INDICATE WHETHER YOUR CHILD HAS ANY KNOWN OR SUSPECTED SPECIAL NEEDS.

<table>
<thead>
<tr>
<th>Physical Needs</th>
<th>Yes / No (Please Circle)</th>
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<tbody>
<tr>
<td>COMMENTS:</td>
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<tr>
<th>Educational Needs</th>
<th>Yes / No (Please Circle)</th>
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<tr>
<td>COMMENTS:</td>
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<tr>
<th>Behavioral Needs</th>
<th>Yes / No (Please Circle)</th>
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<td>COMMENTS:</td>
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<tr>
<th>Emotional Needs</th>
<th>Yes / No (Please Circle)</th>
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<tr>
<td>COMMENTS:</td>
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If you have answered YES to any of the above, please provide full details of those needs and any assessment / intervention / support that he/she may be currently receiving. Supporting documentation must be provided.

If this enrolment application is successful, it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.
MEDICAL AND EMERGENCY INFORMATION

DOCTOR: .............................................................. TELEPHONE: ..............................

ADDRESS: .............................................................. POSTCODE: ..............................

EMERGENCY INFORMATION: Please nominate three relations, neighbours or friends (if possible with a vehicle) who may be contacted if you are unavailable to collect your child from school.

EMERGENCY CONTACT 1: NAME: ..............................................................
Relationship to child..............................................................
Phone Number/s: ..............................................................
Mobile: ..............................................................

EMERGENCY CONTACT 2: NAME: ..............................................................
Relationship to child..............................................................
Phone Number/s: ..............................................................
Mobile: ..............................................................

EMERGENCY CONTACT 3: NAME: ..............................................................
Relationship to child..............................................................
Phone Number/s: ..............................................................
Mobile: ..............................................................

PERMISSION FOR EMERGENCY TREATMENT

ONLY IMPLEMENTED IN EMERGENCY SITUATION (every effort would be made to contact the parents).

In the event of any illness or accident, I authorize the obtaining on my behalf, of such medical assistance as my child may require. After notification by the school, I will accept responsibility as soon as possible for any further action necessary in the care of my child, including prompt attendance at any place to which my child may be taken for treatment. I accept all operation, blood transfusions and/or anaesthetical risks involved and the responsibility for payment of any expenses thus incurred.

Signature of Parent / Guardian: .............................................................. Date: ..............................................................
SACRAMENTAL INFORMATION

*A copy of your child’s Baptism Certificate should be enclosed with this application*

PLEASE CIRCLE THE RITE OF THE CATHOLIC CHURCH TO WHICH YOU BELONG:

Roman (Latin)  Armenian  Maronite  Chaldean  Syrian  Melkite  Coptic  Ukrainian  Russian

HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS?

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>YES / NO</th>
<th>DATE</th>
<th>PLACE</th>
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<tbody>
<tr>
<td>Baptism</td>
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<tr>
<td>Reconciliation</td>
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<td>Eucharist</td>
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<tr>
<td>Confirmation</td>
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IF NOT A MEMBER OF THE CATHOLIC CHURCH, IS YOUR CHILD A MEMBER OF ANOTHER RELIGION:  YES / NO  *(Please Circle)*

IF YES, PLEASE SPECIFY: ........................................................................................................
ENROLMENT AGREEMENT

Please tick the following boxes and sign below

1. I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):
   - Birth Certificate
   - Baptismal Certificate
   - Immunisation Certificate (primary school applications only)
   - Citizenship documentation (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, Asthma and Anaphylaxis Plans (where applicable)

2. 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.

3. If this enrolment is accepted I/we agree to support our child’s participation in the religious life of the school (e.g. school liturgies, retreat programs).

4. If this enrolment application is successful I/we agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges and will support the school in relation to its policies and procedures.

5. 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.

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/we understand that if any misleading information has been provided, or any omission of significant, relevant information is 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).
STANDARD COLLECTION NOTICE (PRIVACY DOCUMENT)

1. Trinity Catholic School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil’s enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.

2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.

3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.

4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act.

5. Trinity Catholic School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes information to other schools, government departments, the Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Dioceses, medical practitioners, and people providing services to Trinity Catholic School, including specialist teachers, [sports] coaches, volunteers and counsellors.

6. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, photos of pupils engaged in activities, pupil activities and other news may be published in school newsletters, magazines and community publications.

7. Trinity Catholic School from time to time may publish a child’s photo and name in its School/Catholic Education publications. Photos are taken for School publication purposes only and not for broader publication or circulation. [Any parent or guardian who has a question or objection to this, needs to make contact with the School Principal directly].

8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School’s duty of care to the pupil, or where pupils have provided information in confidence.

9. As you may know Trinity Catholic School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the School’s fundraising activities solely for that purpose]. We will not disclose personal information to third parties for their own marketing purposes without your consent.

10. We may include your contact details in a class list and Family File.

11. If you provide Trinity Catholic School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to Trinity Catholic School and why, that they can access that information if they wish and that the School does not usually disclose information to third parties.

PRIVACY COMPLIANCE FORM - STANDARD COLLECTION NOTICE

I understand that this document will remain in place for the duration of my child’s attendance at Trinity Catholic School – North Richmond.

Child’s Name: 

Parent/s/Guardian/s (Please Print): 

Signature/s: _______________________________ Date: ____________________________
<table>
<thead>
<tr>
<th>Details</th>
<th>Father/Carer Residing at Same Address</th>
<th>Mother/Carer Residing at Same Address</th>
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<tbody>
<tr>
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<td>Sex</td>
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<tr>
<td>Address – Street</td>
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<td></td>
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<tr>
<td>Suburb &amp; Post Code</td>
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<tr>
<td>Residential Guardian Y/N?</td>
<td>Yes ☐</td>
<td>Yes ☐</td>
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<tr>
<td>Home Phone Number</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Occupational Group</td>
<td>Group 1 ☐</td>
<td>Group 1 ☐</td>
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<tr>
<td>(Refer to insert &quot;List of Parental Occupations)</td>
<td>Group 2 ☐</td>
<td>Group 2 ☐</td>
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<tr>
<td>Highest Year of School Education:</td>
<td>Year 12 or equivalent ☐</td>
<td>Year 12 or equivalent ☐</td>
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<td>Year 11 or equivalent ☐</td>
<td>Year 11 or equivalent ☐</td>
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<td>Year 10 or equivalent ☐</td>
<td>Year 10 or equivalent ☐</td>
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<td></td>
<td>Year 9 or equivalent or below ☐</td>
<td>Year 9 or equivalent or below ☐</td>
</tr>
<tr>
<td>Level of Highest Qualification</td>
<td>Bachelor degree or above ☐</td>
<td>Bachelor degree or above ☐</td>
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<tr>
<td></td>
<td>Advanced Diploma/Diploma ☐</td>
<td>Advanced Diploma/Diploma ☐</td>
</tr>
<tr>
<td></td>
<td>Certificate I to IV (incl trade cert) ☐</td>
<td>Certificate I to IV (incl trade cert) ☐</td>
</tr>
<tr>
<td></td>
<td>No non-school qualification ☐</td>
<td>No non-school qualification ☐</td>
</tr>
<tr>
<td>Do you speak a language(s) other than English at home?</td>
<td>Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2.</td>
<td>Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2.</td>
</tr>
<tr>
<td>Country of Birth</td>
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<tr>
<td>Nationality</td>
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<tr>
<td>Religion</td>
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<tr>
<td><strong>SIGNATURE</strong></td>
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</tbody>
</table>
**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.


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

**Air/sea transport** [aircraft/ship's captain/observer/pilot, flight officer, flying instructor, air traffic controller]

**Group 2: Other business managers, arts/media/sport/persons 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.


**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/refuge/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, kitchen-hand, porter, housekeeper].

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

- **Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant].
- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].
- **Assistant/alde** [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, storemen, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].