



# Enrolment Form

## Select Campus and complete all details

<input type="checkbox"/> <b>GEELONG</b> (Foundation to VCAL)	<input type="checkbox"/> <b>CAULFIELD</b> (Foundation to Year 10)	<input type="checkbox"/> <b>MAIDSTONE</b> (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	If Yes, ID 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) <input type="checkbox"/> At home with ONE Guardian/Parent (biological/adoptive/foster, etc) <input type="checkbox"/> With a Relative (sibling, aunt, uncle, etc) <input type="checkbox"/> On their own (as an emancipated youth)		<b>Out of Home Care:</b> <input type="checkbox"/> In Residential Care <input type="checkbox"/> In Kinship Care <input type="checkbox"/> In Foster Care <input type="checkbox"/> Other (please state):	
Student's Legal Guardian	<input type="checkbox"/> Parent(s) (biological/adoptive/foster, etc) <input type="checkbox"/> Care by Secretary (DFFH)		<input type="checkbox"/> Kinship Care: <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)		
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)		
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 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  
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(03) 8317 9700

### Geelong Campus

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(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 page 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 'N'.	

## 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 page 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 'N'.	

## 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):			
<b>Note: It is the Host School's responsibility to provide religious instruction/sacraments (if applicable) for the Student.</b>			

## 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)
<b>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.</b>		
Access Type	<input type="checkbox"/> Court Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other (please state):	<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.		

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## SEVERE ALLERGIC REACTIONS (if applicable)

Does the Student have any severe Allergic Reactions, but not Anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>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.</b>	
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		
<b>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.</b>			

## PROVISION OF MEDICAL CARE TO STUDENT - LEGAL GUARDIAN 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>MACKILLOP SCHOOL, GEELONG</b> (Foundation to VCAL) Principal: Justin Roberts E-mail: <a href="mailto:justin.roberts@mackillop.org.au">justin.roberts@mackillop.org.au</a> Mobile: 0408 825 100 Office: (03) 5248 2557 (Denise Fricker) Address: 25-33 Oxford St, Whittington, VIC, 3219	<b>MACKILLOP SCHOOL, CAULFIELD</b> (Foundation to Year 10) Principal: Angela Alibrando E-mail: <a href="mailto:angela.alibrando@mackillop.org.au">angela.alibrando@mackillop.org.au</a> Mobile: 0400 345 641 Office: (03) 9964 6610 (Aileen Keane) Address: 3 Cromwell Street, Caulfield North, VIC, 3161	<b>MACKILLOP SCHOOL, MAIDSTONE</b> (Primary Years 3 to 6) Principal: Caitlin Burman E-mail: <a href="mailto:caitlin.burman@mackillop.org.au">caitlin.burman@mackillop.org.au</a> Mobile: 0427 121 270 Office: (03) 8317 9700 (Mandy Tognella) Address: 10-12 Gilda St, Maidstone, VIC, 3012
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<b>MACKILLOP SCHOOL OFFICE USE ONLY</b>	<b>SYNERGETIC STUDENT ID:</b>
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<b>Maidstone Campus</b> 10-12 Gilda Street Maidstone VIC 3012 (03) 8317 9700	<b>Geelong Campus</b> 25-33 Oxford Street Whittington VIC 3219 (03) 5248 2557	<b>Caulfield Campus</b> 3 Cromwell Street Caulfield North VIC 3161 (03) 9964 6600
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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.

### NUMBER 1: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION & DEFENCE, & 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)

### NUMBER 2: OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTSPERSONS & 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

### NUMBER 3: TRADESMEN/WOMEN, CLERKS & SKILLED OFFICE, SALES & 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 / childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

### NUMBER 4: MACHINE OPERATORS, HOSPITALITY STAFF, ASSISTANTS, LABOURERS & RELATED WORKERS

**Drivers**, mobile plant, production / processing machinery and other machinery operators

**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

**Office assistants, sales assistants and other assistants:**

- Office (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant / aide (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)
- Labourers and related workers
- Defence Forces - ranks below senior NCO not included above
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing)
- Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

### NUMBER 8: NOT IN PAID WORK – IN THE LAST 12 MONTHS

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