APPLICATION FOR ENROLMENT

Office Use Only

Date Received: .................................................................
Confirmation Sent: ............................................................
Data Entered By: ............................................................... 
Acceptance Fee Paid: .........................................................
Student ID: ..........................................................................
Home Room Allocated: .....................................................
House Allocated: ............................................................... 
Documentation Provided
Birth Certificate Y / N School Reports Y / N
Baptism Certificate Y / N NAPLAN Results Y / N 
Evidence of Citizenship Y / N

Student’s Name: ............................................................... 
Applying for Year Level: ....................................................
Year of Commencement: 20.................................

Information in this application is strictly confidential. Please ensure that ALL sections of this form are completed.

For enrolment enquiries please contact the College Registrar, on 03 9321 9206 or enquiries@sccmelb.catholic.edu.au

ENROLMENT PREFERENCE

Many parents apply for enrolment to more than one school. The enrolment process is much more efficient if the College knows your preference. Please list the names of the schools you are applying for enrolment at (including Simonds Catholic College).

1st: ................................................................................
2nd: ................................................................................
3rd: ................................................................................

1
**STUDENT INFORMATION**

First Name: .................................................................

Middle Name/s: ...........................................................

Surname: ........................................................................

Preferred Name: ...........................................................

Date of Birth: ..................................................................

please provide a copy of student’s birth certificate

Religion: .........................................................................

Sacraments Received?

- Baptism: .... / ..... / ....
- Communion: .... / ..... / ....
- Reconciliation: .... / ..... / ....
- Confirmation: .... / ..... / ....

Victorian Student No (VSN): ...........................................

Current School: ................................................................

Suburb: ...........................................................................

Year Level: .....................................................................

Is the student Aboriginal or Torres Strait Islander?

- No
- Aboriginal
- Torres Strait Islander
- Both Aboriginal & Torres Strait Islander

Citizenship Status:

- Australian Citizen
- Dependent Child of Citizen
- Permanent Resident
- Temporary Resident
- Dependent Child of Permanent Resident
- Other (please supply details, including Visa)

Are you a refugee, or were you one anytime in the past 7 years?

- Yes
- No

If yes, please provide a copy of your Visa / Passport

If born overseas, please provide a copy of the student’s certificate of citizenship, or Visa that allows the student to study in Australia.

Date of First Schooling in Australia: ................................

Does the student speak a language other than English at home?

- Yes
- No

If YES which, which language? ........................................

**STUDENT’S EDUCATIONAL / HEALTH PROFILE**

Has your son been diagnosed with any social, emotional or intellectual difficulties or special medical or learning needs?

- ADD
- Other behaviour disorder
- Vision Impairment
- Hearing Impairment
- Intellectual disability
- Speech and language disorder
- Autism
- Learning Difficulty (Including Dyslexia, Dyspraxia)
- ESL (English as a Second Language)
- Other

If YES to any of the above, please attach all relevant documentation from specialists.

Does your son suffer from any of the following?

- Severe Allergies
- Asthma
- Diabetes
- Other

Does your son have an anaphylaxis plan?

- Yes
- No

Does your son have an Asthma Plan?

- Yes
- No

If YES to any of the above, please provide details below:

- Severe Allergies
- Asthma
- Diabetes
- Other

If YES to any of the above, please provide details below:

- Other

Has the your son previously studied a language other than English?

- Yes
- No

If YES, which language/s: .............................................

Does your son receive funding for any special education needs?

- Yes
- No

If YES, which language/s: .............................................

Country of Birth: ..........................................................

Nationality: ....................................................................

Date of Birth: ..................................................................

Please provide a copy of student’s birth certificate

Religion: .........................................................................

Sacraments Received?

- Baptism: .... / ..... / ....
- Communion: .... / ..... / ....
- Reconciliation: .... / ..... / ....
- Confirmation: .... / ..... / ....

Victorian Student No (VSN): ...........................................

Current School: ................................................................

Suburb: ...........................................................................

Year Level: .....................................................................

Is the student Aboriginal or Torres Strait Islander?

- No
- Aboriginal
- Torres Strait Islander
- Both Aboriginal & Torres Strait Islander

Citizenship Status:

- Australian Citizen
- Dependent Child of Citizen
- Permanent Resident
- Temporary Resident
- Dependent Child of Permanent Resident
- Other (please supply details, including Visa)

Are you a refugee, or were you one anytime in the past 7 years?

- Yes
- No

If yes, please provide a copy of your Visa / Passport

If born overseas, please provide a copy of the student’s certificate of citizenship, or Visa that allows the student to study in Australia.

Date of First Schooling in Australia: ................................

Does the student speak a language other than English at home?

- Yes
- No

If YES which, which language? ........................................

**STUDENT’S EDUCATIONAL / HEALTH PROFILE**

Has your son been diagnosed with any social, emotional or intellectual difficulties or special medical or learning needs?

- ADD
- Other behaviour disorder
- Vision Impairment
- Hearing Impairment
- Intellectual disability
- Speech and language disorder
- Autism
- Learning Difficulty (Including Dyslexia, Dyspraxia)
- ESL (English as a Second Language)
- Other

If YES to any of the above, please attach all relevant documentation from specialists.

Does your son suffer from any of the following?

- Severe Allergies
- Asthma
- Diabetes
- Other

Does your son have an anaphylaxis plan?

- Yes
- No

Does your son have an Asthma Plan?

- Yes
- No

If YES to any of the above, please provide details below:

- Severe Allergies
- Asthma
- Diabetes
- Other

If YES to any of the above, please provide details below:

- Other

Has the your son previously studied a language other than English?

- Yes
- No

If YES, which language/s: .............................................

Does your son receive funding for any special education needs?

- Yes
- No

If YES, which language/s: .............................................

Where the individual matters
RESIDENTIAL PARENT / GUARDIAN 1

Title: Mr / Mrs / Ms / Miss / Dr / Other ..............................................
First Name/s: ..................................................................................
Surname: ......................................................................................
Preferred Name: ...........................................................................
Relationship to Student: .................................................................
  (ie: mother, father, step mother, grandmother, foster parent, aunt, uncle, etc)
Home Phone: ................................................................. □ Silent
Mobile: ......................................................................................
Email: ................................................................................................
Residential Address: .................................................................
  Suburb: ............................................................. Post Code: .............
Postal Address: ................................................................................
  Suburb: ............................................................. Post Code: .............
Religion: ...........................................................................................
Country of Birth: ................................................................................
Do you speak a language other than English at home? □ Yes □ No
If yes, which language? ....................................................................... Do you require an interpreter when meeting with teachers? □ Yes □ No
Occupation: ......................................................................................
Occupation Group Code: A / B / C / D / N
  please circle one (refer to Page 8)
Name of Employer: ................................................................................
Work Phone: ....................................................................................
Work Email: ....................................................................................

What is the highest year of School Education you completed?
□ Year 12 or equivalent □ Year 10 or equivalent
□ Year 11 or equivalent □ Year 9 or below
What is the highest qualification you have completed?
□ Bachelor Degree or above
□ Certificate I to IV (including trade certificate)
□ Diploma / Advanced Diploma
□ No non-school qualifications

RESIDENTIAL PARENT / GUARDIAN 2

Title: Mr / Mrs / Ms / Miss / Dr / Other ..............................................
First Name/s: ..................................................................................
Surname: ......................................................................................
Preferred Name: ...........................................................................
Relationship to Student: .................................................................
  (ie: mother, father, step mother, grandmother, foster parent, aunt, uncle, etc)
Home Phone: ................................................................. □ Silent
Mobile: ......................................................................................
Email: ................................................................................................
Residential Address: .................................................................
  Suburb: ............................................................. Post Code: .............
Postal Address: ................................................................................
  Suburb: ............................................................. Post Code: .............
Religion: ...........................................................................................
Country of Birth: ................................................................................
Do you speak a language other than English at home? □ Yes □ No
If yes, which language? ..................................................................... Do you require an interpreter when meeting with teachers? □ Yes □ No
Occupation: ......................................................................................
Occupation Group Code: A / B / C / D / N
  please circle one (refer to Page 8)
Name of Employer: ................................................................................
Work Phone: ....................................................................................
Work Email: ....................................................................................

What is the highest year of School Education you completed?
□ Year 12 or equivalent □ Year 10 or equivalent
□ Year 11 or equivalent □ Year 9 or below
What is the highest qualification you have completed?
□ Bachelor Degree or above
□ Certificate I to IV (including trade certificate)
□ Diploma / Advanced Diploma
□ No non-school qualifications
NON-RESIDENTIAL PARENT

Title: Mr / Mrs / Ms / Miss / Dr / Other .................................................................
First Name/s: ........................................................................................................
Surname: ............................................................................................................... Preferred Name: ....................................................................................................
Relationship to Student: ......................................................................................
   (ie: mother, father, step mother, grandmother, foster parent, aunt, uncle, etc)
Home Phone: ....................................................................................................
Country of Birth: ............................................................................................... Do you speak a language other than English at home?  □ Yes □ No
If yes, which language? ...................................................................................... Do you require an interpreter when meeting with teachers?  □ Yes □ No
Occupation: ........................................................................................................ Occupation Group Code: A / B / C / D / N
   please circle one (refer to leaflet inserted)
Name of Employer: ............................................................................................. Work Phone: ...................................................................................................... Work Email: ...................................................................................................... What is the highest year of School Education you completed?
   □ Year 12 or equivalent □ Year 10 or equivalent
   □ Year 11 or equivalent □ Year 9 or below
What is the highest qualification you have completed?
   □ Bachelor Degree or above
   □ Certificate I to IV (including trade certificate)
   □ Diploma / Advanced Diploma
   □ No non-school qualifications

PARENTING / GUARDIAN ARRANGEMENTS

To assist with working effectively with your child, it is necessary to have a clear understanding of the nature of the student’s home. We therefore request that you complete the following as accurately as possible. Please be assured that we will treat this information sensitively.

Student Lives With:
   □ Both Parents Together □ Mother Only □ Father Only
   □ Joint Custody Arrangements □ Guardian / Carer
   □ Other Arrangements (please provide details below)

Who does the College communicate with for day-to-day matters?
   □ Mother □ Father □ Guardian

Who receives copies of correspondence from the College?
   □ Mother □ Father □ Guardian

If natural parents are not living together, please complete the section below. This is important information to help avoid confusion and possible embarrassment.

   □ Parents Separated □ Parents Divorced
   □ Father Deceased □ Father Remarried
   □ Mother Deceased □ Mother Remarried

If there are any parenting / court orders that apply to this student, please ensure that you provide a copy of these to the College. Please be aware that we are only able to act upon orders of documentation provided to us.

SCHOOL REPORTS & NEWSLETTERS

Please provide details below only if a second copy of school reports or newsletters are required in situations where parents do not reside together.

   □ Residential Parent / Guardian 1 (as per details on Page 3)
   □ Residential Parent / Guardian 2 (as per details on Page 3)
   □ Non-Residential Parent (as per details on Page 4)
   □ Other (please provide details below)

Name/s: ..............................................................................................................
Address: ............................................................................................................
Suburb: ................................. Post Code: .................................
**EMERGENCY CONTACTS**

**Please Note:** Emergency Contacts are not to be the student’s parent. Only Emergency Contacts that are listed will have permission to take the student from the College, unless otherwise advised by a signed note or phone call.

Please ensure you provide Emergency Contacts from the local area, as they must be able to pick up the student if required.

**Contact 1**
- **Title:** Mr / Mrs / Ms / Miss / Dr / Other
- **First Name:**
- **Surname:**
- **Relationship to Student:**
  (ie: step mother, grandmother, uncle, family friend etc)
- **Home Phone:**
- **Work Phone:**
- **Mobile:**

**Contact 2**
- **Title:** Mr / Mrs / Ms / Miss / Dr / Other
- **First Name:**
- **Surname:**
- **Relationship to Student:**
  (ie: step mother, grandmother, uncle, family friend etc)
- **Home Phone:**
- **Work Phone:**
- **Mobile:**

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**BILLING ACCOUNTS TO BE SENT TO**

**Name/s:**

**Address:**
if same as Parent / Guardian contact address leave blank

**Suburb:** Post Code:

**Home Phone:**

**Mobile:**

**Email:**

I / we agree to accept responsibility for the payment of this student’s school fees and related school expenses.

**Signature:**

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**HOUSEHOLD INFORMATION**

Write B or G in each square to indicate each boy and girl in the family, starting with the eldest.

Draw a circle around the position of this student.

**Oldest** □ □ □ □ □ □ □ □ Youngest

Brothers currently attending Simonds Catholic College:

- **Name:** ____________________________ Yr Level _________
- **Name:** ____________________________ Yr Level _________
- **Name:** ____________________________ Yr Level _________

Sisters currently attending St Aloysius, North Melbourne or The Academy of Mary of Immaculate, Fitzroy

- **Name:** ____________________________ Yr Level _________
- **Name:** ____________________________ Yr Level _________
- **Name:** ____________________________ Yr Level _________

Siblings who previously attended Simonds Catholic College

- **Name:** ____________________________ Year Left _________
- **Name:** ____________________________ Year Left _________
- **Name:** ____________________________ Year Left _________

Siblings not yet in Secondary School

- **Name:** ____________________________ Yr Level _________ M/F _________
- **Name:** ____________________________ Yr Level _________ M/F _________
- **Name:** ____________________________ Yr Level _________ M/F _________

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**HOW DID YOU HEAR ABOUT US?**

Please tick all that apply

- [ ] Primary School Newsletter
- [ ] Principal Visit to Son’s Primary School
- [ ] Past Student
- [ ] Reputation / Word of Mouth
- [ ] Church Noticeboard
- [ ] Catholic Schools Guide
- [ ] Which School? Magazine
- [ ] The Weekly Review
- [ ] Press Advertisements
- [ ] Yellow Pages
- [ ] Internet (Google, Yahoo, etc)
- [ ] Other

In making your decision to enrol your son at Simonds Catholic College, did you and your son attend:

- [ ] A School Tour
- [ ] Open Afternoon
STATEMENT OF COMMITMENT

In applying for a place at Simonds Catholic College, we are willing to abide by the following conditions:

1. To support the aims and practices of Simonds Catholic College. Catholic teachings and values are central to the life of Simonds Catholic College.
2. To support the school’s education and faith development programs, and participation in excursions, camps, retreats, reflection days and sports carnivals. We accept that exemptions can only be granted in exceptional circumstances.
3. To attend Parent Information Nights and Parent / Teacher Interviews.
4. To ensure that our son wears the correct school uniform in the appropriate way.
5. To abide by College Rules, as set out in the Student Diary and are aware of the consequences, should our son infringe such rules.
6. To check our son’s diary, and to keep informed of College activities by reading the College Newsletter.
7. To pay all accounts rendered by the College in respect to our son’s tuition and other expenses in accordance with the College’s terms of payment. Should problems arise with the payment of fees, we will contact the Finance Manager promptly, in order to resolve the matter.

This Enrolment Application Form is a legally binding document. Signing the form is your acceptance of the terms and conditions of the College. This includes payment of school fees. Please be aware that whoever signs the enrolment form is the person legally responsible. It is recommended that regardless of marital status, both parents sign the form.

We the undersigned, understand and agree to the Conditions of Enrolment to Simonds Catholic College.

.......................................................... .......................................................... ........ / ........ / ....................
Signature of Mother / Guardian Print Name Date

.......................................................... .......................................................... ........ / ........ / ....................
Signature of Father / Guardian Print Name Date

COLLECTION NOTICE

1. The College collects personal information, including sensitive information about students, parents or guardians before and during the course of a student’s enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son.
2. Some of the information we collect is to satisfy the College’s legal obligations, particularly to enable the College 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 students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
5. The College from time to time disclose personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, medical practitioners, and people providing services to the College, including specialist visiting teachers, coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in College newsletters, magazines, social media and on our website.
8. Parents may seek access to personal information collected about them and their son by contacting the College. Students 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 College’s duty of care to the student, or where students have provided information in confidence.
9. The College may from time to time engage in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your 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 College directory. If you do not agree to this you must advise us in writing.
11. If you provide the College 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 the College and why: that they can access that information if they wish and that the College does not usually disclose the information to third parties.

Where the individual matters
We the undersigned, understand and agree to the Conditions of Enrolment to Simonds Catholic College. This Enrolment Application Form is a legally binding document. Signing the form is your acceptance of the terms and conditions stated in the Conditions of Enrolment.

6. Privacy

The College may from time to time engage in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

Parents may seek access to personal information collected about them and their son by contacting the College. Students 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 College’s duty of care to the student, or where students have provided information in confidence.

Students may also refuse to have their personal information disclosed to third parties for the College’s administrative purposes. We understand and agree that if we do not wish to consent to the disclosure of information to a relevant third party, it is our responsibility to notify the College in writing of such.

The Catholic Education Office Melbourne (CEOM) and the Catholic Education Commission of Victoria Ltd (CECV) 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.

I give permission for my son’s photograph/video and name to be published in media such as: College yearbook, the College newsletter, the College Intranet, the College website, social media, promotional materials, newspapers and other media.

I authorise the CEOM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOM/CECV’s promotional, marketing, media and educational purposes.

I give permission for a photograph/video of my son to be used by the CEOM/CECV in the agreed publications without acknowledgement, remuneration or compensation.

I understand and agree that if I do not wish to consent to my son’s photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school in writing of such.

Name of Parent / Guardian: ……………………………………………………………………………………………………………………………………………………………………….

Signed: ………………………………………………………………………………………………………………………………………………………………………………… Date: ………/ ………/ ……….

If Student is aged 15+, student must also sign

Name of Student: …………………………………………………………………………………………………………………………………………………………………………………

Signed: ………………………………………………………………………………………………………………………………………………………………………………… Date: ………/ ………/ ……….

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).
Where the individual matters

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

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

Business (chief executive, managing director, company secretary, finance director, chief accountant, personnel) / Industrial relations manager, research and development manager

Media (newspaper editor, film/television/radio/television stage producer, director/manager)

Government Administration

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

Defence Forces Commissioned Officer

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

Health (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietitian)

Education (school teacher, university lecturer, VET/specialist education/ESL/private teacher, education officer)

Law (judge, magistrate, barrister, coroner, solicitor, lawyer)

Social Welfare (social welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpretive/translator)

Engineering (architect, surveyor, chemical/civil/electrical/mechanical/mining/other engineer)

Science (scientist, geologist, meteorologist, metallurgist)

Computing (IT services manager, computer systems designer/administrator, software engineer, system/operations programmer)

Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)

Air/Sea Transport (aircraft pilot, flight officer, flying instructor, air traffic controller, ship’s captain/office/observer)

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

Business Owner / Manager

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

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

Financial Services Manager (bank branch manager, finance/environment/insurance broker, credit/loans officer)

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

Arts / Media / Sportsperson

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

Sports (professional/women, coach, trainer, sports official)

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

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

Health / Social Welfare (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/poverty officer, youth worker, dental hygienist/technician)

Law (police officer, government inspector, examiner or assessor, occupational or environmental health officer, security advisor, private, law clerk, court officer, bailiff)

Business / Administration (recruitment/employment/industrial relations/training, financial officer, marketing/advertising/ specialist, market analyst, technical sales representative, retail buyer, office/business manager, project manager/administrator, other managing supervisor)

Defence Forces (e.g. senior non-commissioned officer)

Other (library technician, museum/gallery technician, research assistant, proof reader)

GROUP C: TRADESMEN/WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF

Tradesmen/women Generally have a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Trades (electrician, plumber, waiter, cabinet maker, carpenter, joiner, plasterer, tiler, stonemason, painter, decorator, butcher, pastry cook, panel beater, fitter, toolmaker, aircraft engineers)

Clerks, Skilled Office, Sales and Service Staff

Clerk (bookkeeper, bank clerk, PO clerk, statistical/actual clerk, accounts/clerks/sales/packing clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/dispatcher, bond clerk, customs agent/clerk, customer inquiry/complaints/services clerk, hospital admissions clerk)

Office (secretary, personal assistant, desktop publishing operator, switchboard operator)

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

Caretaker (aged/disabled/refugee care worker, child care assistant, nursery)

Service (meter reader, parking inspecto, postal delivery worker, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor)

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

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

Driver or Mobile Plant Operator (car, taxi, truck, bus, train or train driver, courier/driver/delivery, forklift driver, street sweeper driver, garbage collector, builder/fooder/grader/scraper operator, farm/vegetables/forestry machine operator)

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

Machinery Operator (photographic equipment/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signs/paints, crane/hoist/lift, bulk materials handling)

Hospitality / Office Staff

Sales Staff (sales assistant, motor vehicle/caravan/ports salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, sales demonstrator, stock clerk)

Office Staff (typist, work processing/data entry/business machine operator, receptionist)

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

Assistant / Aide (tradesman’s assistant, school/teacher’s aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal assistant)

Labourers and Related Workers

Defence Forces (other ranks below senior NCO) without trade qualifications not included above

Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/wool carder, farm hand, horse trainer, nurseryman, greengrocer, 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)