



EDUCATING *the* WHOLE CHILD

# Enrolment Form

## Prep to Class Six



244 Moss Avenue, Mount Helen  
[www.ballaratsteinerschool.com.au](http://www.ballaratsteinerschool.com.au)  
[welcome@ballaratsteinerschool.com.au](mailto:welcome@ballaratsteinerschool.com.au)

Please return the completed Enrolment Agreement with copies of the following required documentation:

- Birth Certificate (where possible)
- Immunisation History Statement from the Australian Immunisation Register
- Copies of the last two school reports (if applicable)
- Copies of Family Court Orders or Parenting Plans (if applicable)
- Educational assessment reports (where relevant)
- Medical assessment reports (where relevant)
- Copies of any medical management plans (e.g., for allergies or asthma)

<b>Ballarat Steiner School Enrolment Form</b>	<b>FOR OFFICE USE ONLY</b>		
	Paid Application Fee		Business Manager Interview
	HOS/Teacher interview		CSEF form supplied
	Copy of Birth Certificate		SCAS form supplied
	Copy of Immunisation History Statement		Local Permission Form
	Copy of HCC Card		Debtor Profile Created
	Copy Court Orders/Parenting Plans		Aboriginal or Torres Strait Islander
	Copy of educ/medical assessments		Newsletter

Please note:

Items marked with an asterisk \* are for mandatory Government data collection.

STUDENT DETAILS	Surname					
	Given Names					
	Preferred Name					
	Date of Birth			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Copy of birth certificate attached
	Main language other than English spoken at home*	Does the student speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often) No, English only <input type="checkbox"/> Yes, Other - please specify: _____				
	Indigenous status*	Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander				
	Country of Birth*	In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify: _____ Is the student an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details				
REQUESTED START DATE FOR ENROLMENT	Proposed Class of Entry		Proposed Term		Proposed Year	
FAMILY DETAILS	PARENT 1 / GUARDIAN 1			PARENT 2 / GUARDIAN 2		
	(Primary contact for school communication)					
Relationship to student						
Surname						
Given Names						
Address (Home)						
Mailing address if different to above						
Contact Information	Work				Work	
	Mobile				Mobile	
	Home				Home	
	Email				Email	
Details of significant other adult residing with child (if any)	Name:				Name:	
	Mobile:				Mobile:	

FAMILY RELATIONSHIPS	<b>Student Lives With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparents <input type="checkbox"/> Shared Care <input type="checkbox"/> Other (please describe)
	<b>Where parents are separated or divorced, or both parents named above are not the biological parents of the student, please give details:</b> (e.g., custody, step parents, guardianship arrangements)
COURT ORDERS	<b>Are there any court orders concerning the welfare, safety, or parenting arrangements of your child?</b> Please provide a copy of any relevant current court order
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Copies of Court Orders attached
Please indicate who within your family should receive general school correspondence such as; information about events and the school newsletter: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only	

EMERGENCY CONTACTS	<b>Alternative contacts should parents/guardians be unable to be contacted in the case of illness or an emergency. Please nominate two people who are authorised to collect and care for your child in your absence.</b>		
		<b>EMERGENCY CONTACT 1</b>	<b>EMERGENCY CONTACT 2</b>
	<b>Relationship to student</b>		
	<b>Given Name</b>		
	<b>Surname</b>		
	<b>Name by which known to child (e.g., Nan)</b>		
	<b>Home Phone</b>		
	<b>Mobile Phone</b>		
HEALTH CARE CARD	Does your family have a Health Care Card? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Copy of Health Care Card attached (There is a financial discount offered to families who can show they have a Health Care Card)		

SCHOOLING HISTORY	<b>Previous school/s and kindergarten attended</b>	<b>Year Level</b>	<b>Calendar Year</b>
	Do you give the school permission to speak to your child's previous school? <input type="checkbox"/> No <input type="checkbox"/> Yes		

EDUCATION SUPPORT	<p><b>The core curriculum of our school provides for the needs of a student who can benefit from a regular provision of teaching resources. Children with differing needs will be catered for to the degree that the school can resource such programs. Please provide full disclosure of your child's different circumstances that may need to be considered by the teacher including medical conditions; special gifts, talents, or needs; behavioural issues; psychological and/or other relevant test results. Please provide any supporting material to assist us in planning for your child's educational needs.</b></p>
	<p>Has your child ever been referred to a speech therapist, occupational therapist or had any other kind of developmental assessment or attended Early Intervention?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes Please provide details and attached reports where applicable:</p>
	<p>Has another school or teacher ever suggested that your child may need an assessment for difficulties, special gifts and talents, or that they may need learning support?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes Please provide details:</p>
	<p>Has a specialist, psychologist, psychiatrist, or any child guidance clinic been consulted?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>What was the nature of your concerns? What were the outcomes or recommendations?</p>
	<p>Do we have permission to speak to the teachers/professionals who have worked with your child?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes Please provide details:</p>
<p><b>Disclosure statement:</b> The disclosure of all medical, behavioural, psychological, and educational testing and information referring to a student seeking enrolment is a fundamental condition to the acceptance of that student for enrolment. This information is important in identifying the type and level of support required by the student to participate in all aspects of school life.</p>	

MEDICAL HISTORY AND INFORMATION Please give full details and attach paper if space is insufficient. Please attach all supporting documentation.	<p>Has the student had any serious medical condition or illness in the past?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes Please provide details:</p>
	<p>Has there been any traumatic, physical, mental, or emotional experience for your child?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes Please provide details:</p>
	<p><b>An Immunisation History Statement from the Australian Immunisation Register is legally required to be supplied to the school regardless of immunisation status. Is it attached?</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>These are available from Australian Immunisation Register. You can print a copy of your child's Immunisation History Statement from your myGov account, call AIR on 1800 653 809 or visit a Medicare or Centrelink office.</p>
MEDICAL TREATMENTS	<p>Does your child regularly or frequently take a prescribed medicine?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes Please provide details:</p> <p>If medicine is to be taken during school hours, please discuss this with the front desk. No medication is to be stored in the student's bag.</p>

<b>ANAPHYLAXIS</b>	Has your child been diagnosed at risk of anaphylaxis? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details including triggers:
	Does your child have an auto injection device (e.g., EpiPen <sup>®</sup> )? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Has an anaphylaxis medical management plan been provided to the school staff? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>ASTHMA</b>	Has your child been diagnosed at risk of asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details including triggers:
	Has an asthma action plan been provided to the school staff? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, you will need to provide the school with an asthma reliever (e.g., Ventolin <sup>®</sup> ) and spacer. Have you done this? Please clearly mark them with the child's name. <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OTHER MEDICAL INFORMATION</b>	Does your child have any medical conditions, not listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:
	Severity of symptoms: <input type="checkbox"/> <b>Mild</b> <input type="checkbox"/> <b>Moderate</b> - self managed with medication <input type="checkbox"/> <b>Severe</b> - possibility of an emergency arising – please provide action plan
	Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:
	Severity of symptoms: <input type="checkbox"/> <b>Mild</b> <input type="checkbox"/> <b>Moderate</b> - self managed with medication <input type="checkbox"/> <b>Severe</b> - possibility of an emergency arising – please provide action plan
	Does your child have any specific dietary requirements? e.g., Vegetarian <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:

<b>DOCTOR'S INFORMATION</b>	<b>Doctor's Name</b>	<b>Phone:</b>
	<b>Medicare Number</b>	

Please note, if a child is deemed to require an ambulance, it will be called with the cost to be incurred by the family. Please consider ambulance insurance.

**PERMISSIONS**

***It is preferred that BOTH parents/guardians sign this form, except in the case of an existing Parent Plan or Court order.***

- I/We hereby apply to the Ballarat Steiner School for the enrolment of the above student.
- I/We understand that we will be required to agree to the terms of the *Privacy Policy, Enrolment Policy, Fees Policy* and the *Code of Conduct for Parents and Guardians* at the time our child is offered a place at the school and that these conditions of entry can be updated from time to time.
- I/We declare that we support the ethos and will abide by all Rules, Policies, Procedures and Codes of Conduct (Complete copies of the *Rules of the Association* are available on the school website, or on request from the Front Office)
- I/We hereby declare that the information provided by us is true and correct at the time of the application.

In the case of only one signature below, I understand that unless a Court Order or Parenting Plan is in place to the contrary, the second parent may request access to the child’s school records and will hold authority to collect the child from the schoolgrounds.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Declaration and Consent to Emergency Medical Treatment**

I, \_\_\_\_\_ (please print full name), a person with lawful authority for the child referred to in this enrolment form:

- declare that the information in this enrolment form is true and correct and undertake to immediately inform Ballarat Steiner School and Kindergarten in the event of any change to this information;
- agree to collect or arrange for the collection of the child referred to in this enrolment form if s/he becomes unwell;
- consent to the staff of Ballarat Steiner School seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred;
- consent to the staff of Ballarat Steiner School seeking medical treatment for the child from a medical practitioner, hospital, or ambulance service and that I will reimburse any necessary expenses incurred.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**First Aid**

I give consent for minor injuries incurred by my child to be treated. The school utilises mainstream first aid together with natural remedies.

No       Yes

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I consent to the school, in the best interests of my child, and as it considers necessary or expedient (if reasonable attempts to contact the parents/guardians or the nominated ‘emergency contacts’ have failed)

- obtaining medical advice and treatment; or
- obtaining medical advice and treatment except for the following treatments: (insert excluded treatments below)

If the school considers that the excluded treatment as detailed above is necessary as treatment, I request that the school take the following steps in its place: (insert alternative treatments)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

<b>PERMISSIONS</b>	<p><b>Student Photograph Authority</b></p> <p>For many years' photography (both still and moving images) has contributed to the memory preservation of our school and of families in our community. On occasions photographs are also used for the press and other promotional purposes such as website, prospectus, and regular newsletters. We are, however, sensitive to the wishes and rights of parents who may not want their children to be photographed and who may have concerns about the uses of such images. This authority may be updated at any time by contacting the School Front Office.</p> <p><input type="checkbox"/> I give consent for my child to be photographed at school and/or school activities. I acknowledge that these photos may be used in print media, online (including Facebook) and for marketing purposes. (Parents reserve the right to have any photograph of their child removed from online.) Every effort will be made for names not to be included.</p> <p><input type="checkbox"/> I give consent for my child to be photographed for education purposes only (e.g., teacher photograph to demonstrate a curriculum programme)</p> <p><input type="checkbox"/> I do not give consent for my child to be photographed at any time.</p> <p>A register is kept in the office of children who must not be photographed. All <i>reasonable</i> measures will be taken to ensure that no child on the register is photographed or videoed by a visitor to the school or while on an excursion outside of the school. Possible exceptions to this may be photographs taken by other parents at events such as festivals or school performances.</p> <p>Parent/Guardian signature _____ Date _____</p> <p>Parent/Guardian signature _____ Date _____</p>
--------------------	---

<b>FINANCIAL COMMITMENT</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><b>Name of person responsible for payment of fees</b></td> <td style="width: 30%; padding: 5px;"><b>% of fee responsible for</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email Address for accounts:</td> </tr> <tr> <td style="padding: 5px;"><b>Name of person responsible payment of fees:</b></td> <td style="padding: 5px;"><b>% of fee responsible for</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email Address for accounts:</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b><i>If any change is to be made to the above payment arrangement, a letter signed by all involved parties, outlining the changes, needs to be given to the Business Manager.</i></b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>Parent/guardian signatories to the Enrolment Form will be jointly and severally liable for the payment of fees (unless has entered into a written agreement with the parent/guardians to the contrary). In the case of one signature, the signing parent will be wholly responsible for the payment of fees.</p> <ul style="list-style-type: none"> <li>– I/We have read, understand, and agree to abide by the Fees Policy.</li> <li>– I/We understand that fees are payable in full or by a pre-arranged payment plan and fees that become overdue by more than one month, or students who leave the school with an outstanding amount will be referred to a Debt Collection agency.</li> <li>– I/We understand that if we leave the school anytime prior to the end of year 6, we are required to give one term's notice to the school, or a terms fee will be charge in lieu of notice.</li> <li>– I/We understand that if the services of a Debt Collection Agency are engaged, I/we will be fully responsible for any costs associated in collection of the debt.</li> <li>– I/We understand that if we are unable to meet our payment obligations, the enrolment may be terminated.</li> <li>– I/We understand that if a payment plan is not negotiated with the Business Manager, then the enrolment may be terminated.</li> </ul> <p>Only the undersigned will have access to the Debtor Financial records.</p> </td> </tr> <tr> <td style="padding: 5px;"><b>Signature of Parent 1 / Guardian</b></td> <td style="padding: 5px;">Date: _____</td> <td style="padding: 5px;">PLEASE PRINT NAME</td> </tr> <tr> <td style="padding: 5px;"><b>Signature of Parent 2 / Guardian</b></td> <td style="padding: 5px;">Date: _____</td> <td style="padding: 5px;">PLEASE PRINT NAME</td> </tr> </table>	<b>Name of person responsible for payment of fees</b>	<b>% of fee responsible for</b>	Email Address for accounts:		<b>Name of person responsible payment of fees:</b>	<b>% of fee responsible for</b>	Email Address for accounts:		<b><i>If any change is to be made to the above payment arrangement, a letter signed by all involved parties, outlining the changes, needs to be given to the Business Manager.</i></b>		<p>Parent/guardian signatories to the Enrolment Form will be jointly and severally liable for the payment of fees (unless has entered into a written agreement with the parent/guardians to the contrary). In the case of one signature, the signing parent will be wholly responsible for the payment of fees.</p> <ul style="list-style-type: none"> <li>– I/We have read, understand, and agree to abide by the Fees Policy.</li> <li>– I/We understand that fees are payable in full or by a pre-arranged payment plan and fees that become overdue by more than one month, or students who leave the school with an outstanding amount will be referred to a Debt Collection agency.</li> <li>– I/We understand that if we leave the school anytime prior to the end of year 6, we are required to give one term's notice to the school, or a terms fee will be charge in lieu of notice.</li> <li>– I/We understand that if the services of a Debt Collection Agency are engaged, I/we will be fully responsible for any costs associated in collection of the debt.</li> <li>– I/We understand that if we are unable to meet our payment obligations, the enrolment may be terminated.</li> <li>– I/We understand that if a payment plan is not negotiated with the Business Manager, then the enrolment may be terminated.</li> </ul> <p>Only the undersigned will have access to the Debtor Financial records.</p>		<b>Signature of Parent 1 / Guardian</b>	Date: _____	PLEASE PRINT NAME	<b>Signature of Parent 2 / Guardian</b>	Date: _____	PLEASE PRINT NAME
<b>Name of person responsible for payment of fees</b>	<b>% of fee responsible for</b>																		
Email Address for accounts:																			
<b>Name of person responsible payment of fees:</b>	<b>% of fee responsible for</b>																		
Email Address for accounts:																			
<b><i>If any change is to be made to the above payment arrangement, a letter signed by all involved parties, outlining the changes, needs to be given to the Business Manager.</i></b>																			
<p>Parent/guardian signatories to the Enrolment Form will be jointly and severally liable for the payment of fees (unless has entered into a written agreement with the parent/guardians to the contrary). In the case of one signature, the signing parent will be wholly responsible for the payment of fees.</p> <ul style="list-style-type: none"> <li>– I/We have read, understand, and agree to abide by the Fees Policy.</li> <li>– I/We understand that fees are payable in full or by a pre-arranged payment plan and fees that become overdue by more than one month, or students who leave the school with an outstanding amount will be referred to a Debt Collection agency.</li> <li>– I/We understand that if we leave the school anytime prior to the end of year 6, we are required to give one term's notice to the school, or a terms fee will be charge in lieu of notice.</li> <li>– I/We understand that if the services of a Debt Collection Agency are engaged, I/we will be fully responsible for any costs associated in collection of the debt.</li> <li>– I/We understand that if we are unable to meet our payment obligations, the enrolment may be terminated.</li> <li>– I/We understand that if a payment plan is not negotiated with the Business Manager, then the enrolment may be terminated.</li> </ul> <p>Only the undersigned will have access to the Debtor Financial records.</p>																			
<b>Signature of Parent 1 / Guardian</b>	Date: _____	PLEASE PRINT NAME																	
<b>Signature of Parent 2 / Guardian</b>	Date: _____	PLEASE PRINT NAME																	



		PARENT 1 / GUARDIAN 1	PARENT 2 / GUARDIAN 2
Government Required Information	Surname		
	Given Names		
		* Denotes legally required information which will be shared with the department of education	
	Main language* other than English spoken at home <i>If more than one language is spoken, indicate the one that is spoken most often</i>	<b>Does the parent/guardian speak a language other than English at home?</b>  <input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify: _____	<b>Does the parent/guardian speak a language other than English at home?</b>  <input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify: _____
	Nationality of parent/guardian*		
	Highest level of primary or secondary school* completed <i>For persons who have never attended school, mark Not Applicable</i>	<b>What is the highest year of primary or secondary school that the parent/guardian has completed?</b>  <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Not applicable	<b>What is the highest year of primary or secondary school that the parent/guardian has completed?</b>  <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below <input type="checkbox"/> Not applicable
	Highest qualification* parents/guardians have completed <i>Please mark only one box for each person</i>	<b>What is the level of the highest qualification the parent/guardian has completed?</b>  <input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Unknown/Not applicable	<b>What is the level of the highest qualification the parent/guardian has completed?</b>  <input type="checkbox"/> Bachelor's degree or above <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate I to IV <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Unknown/Not applicable
Occupation* of parents/guardians <i>If not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's <u>last occupation</u></i>	<b>What is the occupation of the parent/guardian?</b> <input type="checkbox"/> Full-time or Part time Employed <input type="checkbox"/> Employer or Self Employed <input type="checkbox"/> Unemployed > 12 months <input type="checkbox"/> Not Employed (not seeking work)  Occupation description (e.g., Farmer) _____  Occupation Group Number (refer Appendix A) _____	<b>What is the occupation of the parent/guardian?</b> <input type="checkbox"/> Full-time or Part time Employed <input type="checkbox"/> Employer or Self Employed <input type="checkbox"/> Unemployed > 12 months <input type="checkbox"/> Not Employed (not seeking work)  Occupation description (e.g., Farmer) _____  Occupation Group Number (refer Appendix A) _____	

## List of Family Occupation Categories

### Group 1: Elected officials, senior executives/managers and professionals

Elected officials [parliamentarian, mayor, alderman/woman, trade union secretary, board member]
Senior executives/managers head large organisations or departments within them.
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/stage producer/director/manager]
Public sector [public service manager (Section head or above), regional manager, hospital/health services/nurse administrator, school principal, faculty head/dean, library/museum/gallery manager, research laboratory/facility manager, police/fire services Commissioner]
Defence Forces [Commissioned Officer]
Professionals generally have degree or higher qualifications and professional experience in government, private industry or own business.
Health [GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, veterinarian, psychologist, therapy professional, radiographer, podiatrist, dietician]
Education [school teacher, university lecturer, VET/special education/ESL/private teacher, education officer]
Law [judge, magistrate, barrister, coroner, solicitor, lawyer, legal officer]
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, systems/applications programmer]
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
Social [social/welfare/community worker, counsellor, minister of religion, economist, urban/regional planner, sociologist, librarian, records manager, archivist, interpreter/translator]
Air/sea transport [aircraft pilot, flight officer, flying instructor, air traffic controller, ship's captain/officer/pilot]

### Group 2: Other business managers/professionals and associate professionals

Other business managers.
Farm/business owner/general manager [crop and/or livestock farmer/farm manager, stock, and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager]
Specialist manager [works manager, engineering manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager]
Financial services manager [bank branch manager, finance/investment/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/cinema, gallery, car rental, car fleet, railway station]
Artist/Writer [editor, journalist, author, media presenter, photographer, designer, illustrator, musician, actor, dancer, painter, potter, sculptor]
Sportsperson [sportsman/woman, coach, trainer, sports official]
Associate professionals generally have diploma/technical qualifications and support professionals.
Medical, science, building, engineering, computer technician/associate professional
Health/welfare [enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, and dental hygienist/technician]
Legal [police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer, bailiff]
Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors]
Defence Forces [senior non-commissioned officer]
Other [library assistant, museum/gallery technician, research assistant, proof reader]

### Group 3: Trades and advanced/intermediate clerical, 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.
Advanced/intermediate clerical, sales, and service staff.
Recording clerk [bookkeeper, bank clerk, PO clerk, statistical/actuarial clerk, investment accounting clerk, accounts/claims/audit clerk, payroll clerk, personnel records clerk, registry/filing clerk, betting clerk, production recording clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk/dispatcher, bond clerk, customs agent/clerk]
Inquiry/admissions clerk [customer inquiry/complaints/service clerk, hospital admissions clerk]
Office assistant [secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales representative [company sales representative (goods and services), auctioneer, insurance agent/assessor/loss adjuster, market researcher]
Carer [aged/disabled/refuge care worker, child care assistant, nanny]
Service staff [meter reader, parking inspector, postal delivery worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/gaming table supervisor]

### Group 4: Other occupations

Other clerical, sales, and service staff.
Sales staff [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, sales demonstrator, shelf stacker]
Office staff [typist, word 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 [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, home helper, salon assistant, animal attendant]
Machinery operators.
Driver or mobile plant operator [car, taxi, truck, bus, tram, or train driver, driving instructor, courier/ deliverer, forklift driver, street sweeper driver, garbage collector, bulldozer/loader/grader/excavator operator, farm/horticulture/forestry machinery operator]
Production/processing machine operator [engineering, chemical, petroleum, gas, water, sewerage, cement, plastics, rubber, textile, footwear, wood/paper, glass, clay, stone, concrete, etc production/processing machine operator]
Other machinery operator [photographic developer/printer, industrial spray painter, boiler/air-conditioning/refrigeration plant, railway signals/points, crane/hoist/lift, bulk materials handling machinery]
Defence Forces [other ranks (below senior NCO) without trade qualification not included above] Other agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

### Group 8: Unemployed greater than 12 months

### Group 9: Unknown family occupation of student