Application for Enrolment Form

St. Finbarr’s School Quilpie
Jabiru St
Po Box 34
Quilpie Qld 4480
Ph: 07 46561412
Fax: 07 46561306
quilpie@twb.catholic.edu.au
Principal: Mrs Genny McNair
APPLICATION FOR ENROLMENT FORM

STUDENT NAME  SURNAME: ....................................GIVEN NAME: .................................

PARENT/ CARER  SURNAME: ....................................GIVEN NAME: .................................

PARENT/ CARER  SURNAME: ....................................GIVEN NAME: .................................

STUDENT'S CURRENT SCHOOL: ..........................................................................................

ENROLMENT SOUGHT FOR YEAR  ......................... OF  20......................

Prior to offers being made, an enrolment interview will be scheduled between the School/College and the student and parents/guardians.

In the process of the enrolment interview, we will endeavour to ascertain your desire for the education of your son/daughter in relation to the:

- School/College Mission Statement and
- The Values and Ethos of this School/College.

It is essential that this enrolment document is completed prior to the interview.

It is not possible to canvas every issue in this document at the interview, but in the process of completing the document, you may decide on key questions that you would particularly like to raise with the interviewer.

If due to language, or any other consideration, you have difficulty completing this enrolment document prior to the enrolment interview, please contact the School/College Office for assistance.

Thank you.

Please Note:

- .......Full and frank disclosure of requested information is required.
- .......Failure to disclose all relevant and correct information could result in cancellation of enrolment.
- .......A confirmation deposit may be requested on offer of a place at the School/College.
- .......Prep Enrolments are only considered where the child turns 5 years of age on or before 30 June of the year of intended commencement at the School.

The purpose of these questions is to ascertain the educational and physical needs of your child and to determine our ability to best meet those needs.

PLEASE ACCOMPANY THIS FORM WITH AN ENROLMENT/ADMINISTRATION FEE (IF APPLICABLE)

OFFICE USE ONLY

Date Issued .............................................. Date Commenced ........................................ Interview Date ..............................................

Application Received ........................................ Enrolment Fee Included $ .................................. Receipt Number ..............................................

Confirmation Received .................................... Confirmation Fee $ ..................................... Receipt Number ..............................................

House .......................................................... PC Teacher ........................................... Class ...........................................................

Interviewed By ............................................. Special Circumstances  □ Yes  □ No  Family Key .............................................

Date Left .....................................................
# APPLICATION FOR ENROLMENT

**Name of Student:**

**Current School:**

## Family Mailing Details

- **Family Surname:**
- **Mail to [e.g. Mr & Mrs Smith]:**
- **Address:**
- **Suburb/City:**
- **Post Code:**
- **Family Phone Number:**
- **Other:**
- **Relationship: Married □ Divorced □ Separated □ Single □ Other □**
- **Current Parish:**
- **Health Fund (if applicable):**
- **Health Fund Number:**
- **Health Fund Expiry Date:** __ / ___ / ______
- **Health Care Card No. (if applicable):**
- **Medicare Number:**
- **Private Hospital Cover:** Yes □ No □
- **Private Hospital Cover No:**
- **Private Hospital Cover Type:**
- **Language Spoken at Home:**
- **Other Languages Spoken at Home:**

## Children in your Family at School

Please list all the children in your family attending other Schools

<table>
<thead>
<tr>
<th>Child</th>
<th>Full Student Name</th>
<th>M/F</th>
<th>School Year</th>
<th>Birth Order</th>
<th>Current School Attending</th>
</tr>
</thead>
</table>

## Student Details

- **First Name:**
- **Previous School:**
- **Year Level:**
- **Middle Name:**
- **Was the Student born overseas? Yes □ No □**
- **If Yes ☐ Please complete the section below -**
- **Date Arrived in Australia:** __ / ___ / ______
- **If Yes ☐ Date attended first Australian School:** __ / ___ / ______
- **First Australian School Year:** (e.g. 2001):
- **Gender:** □ Male □ Female (please tick one)
- **Date of Birth:**
- **Religion:**
- **Place of Birth:**
- **Country of Birth:**
- **Nationality:**
- **Ethnic Origin:**
- **Australian citizen:** Yes □ No □
- **Commencement Calendar Year or Date:**
- **Order:**
- **Birth:**
- **School Year Start [e.g. Prep, Year?]:**
- **Office Use Only:**
- **Fee Flag:**

## Indigenous Identifier

- **Aboriginal \ Torres Strait Islander:** Yes □ No □
- □ Aboriginal □ Torres Strait Islander □ Both Aboriginal & Torres Strait Islander

Does your family speak any Indigenous home language? Yes □ No □

If Yes which language? ________________________________

## Visa Student

Please refer to ‘Declaration’ section regarding CEO accessing visa status and entitlements via VEVO

1. Is the Student residing in Australia on a Visa? Yes □ No □
2. If ‘no’ has the student spent 2 years or more in a non-English speaking country? Yes □ Country: No □
3. If ‘yes’ what was the date of departure from Australia? __ / ___ / ______
4. Processed Visa? Yes □ No □
5. Visa Sub Class (3 Digits): ________________ Temporary / Permanent
6. Visa expiry Date: __ / ___ / ______

Does the Student require an interpreter? Yes □ No □

Private Hospital Cover Type:

Health Fund (if applicable):

- **Health Fund Number:**
- **Health Fund Expiry Date:** __ / ___ / ______
- **Medicare Number:**
- **Private Hospital Cover No:**
- **Private Hospital Cover Type:**
- **Language Spoken at Home:**
- **Other Languages Spoken at Home:**

## Confirmation of Enrolment

- **Course Code:**
- **Course Description:**
- **Course Start Date:** __ / ___ / ______
- **Course End Date:** __ / ___ / ______

## OSHC Provider

- **Membership Number:**
- **OSHC Expiry Date:** __ / ___ / ______

# Office Use Only

- **Student Code:**
- **Family Code:**

<table>
<thead>
<tr>
<th>Child</th>
<th>Full Student Name</th>
<th>M/F</th>
<th>School Year</th>
<th>Birth Order</th>
<th>Current School Attending</th>
</tr>
</thead>
</table>

## Fee Flag

Office Use Only: Fee Flag:

- **Aboriginal \ Torres Strait Islander:** Yes □ No □
- □ Aboriginal □ Torres Strait Islander □ Both Aboriginal & Torres Strait Islander

Does your family speak any Indigenous home language? Yes □ No □

If Yes which language? ________________________________

1. Is the Student residing in Australia on a Visa? Yes □ No □
2. If ‘no’ has the student spent 2 years or more in a non-English speaking country? Yes □ Country: No □
3. If ‘yes’ what was the date of departure from Australia? __ / ___ / ______
4. Processed Visa? Yes □ No □
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Does the Student require an interpreter? Yes □ No □

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Health Fund (if applicable):

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- **Health Fund Expiry Date:** __ / ___ / ______
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## Confirmation of Enrolment

- **Course Code:**
- **Course Description:**
- **Course Start Date:** __ / ___ / ______
- **Course End Date:** __ / ___ / ______

## OSHC Provider

- **Membership Number:**
- **OSHC Expiry Date:** __ / ___ / ______
### Medical Details

<table>
<thead>
<tr>
<th>Doctor / Medical Centre Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

| Student's Medicare Number: | Medicare Expiry Date: |

**Allergies / Medical Alert**

Please specify any allergies / medical alerts, particularly ANAPHYLAXIS, relating to the student applying for enrolment (example: Allergies to Nuts, Penicillin, Bee Stings, Asthma, Diabète, Epilepsy management etc).

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**Immunisations**

Has the Immunisation Certificate been submitted?  
- [ ] Yes  
- [ ] No

### Special Needs

Please indicate whether the student applying for enrolment has any known or suspected **special needs**

(please tick ☑ Yes or No for each of the following)

<table>
<thead>
<tr>
<th>Physical Needs</th>
<th>Yes ☑ No ☐</th>
<th>Medical Needs</th>
<th>Yes ☑ No ☐</th>
<th>Educational Needs</th>
<th>Yes ☑ No ☐</th>
<th>Behavioural Needs</th>
<th>Yes ☑ No ☐</th>
<th>Sensory Needs (vision and/or hearing impairment)</th>
<th>Yes ☑ No ☐</th>
<th>Any other special needs</th>
<th>Yes ☑ No ☐</th>
</tr>
</thead>
</table>

If you have answered yes to any of the above, please provide full details of those needs and any assessment/intervention/ support that he/she may be currently receiving (Supporting documentation **MUST** be provided).

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

### Parish/Sacramental Details

<table>
<thead>
<tr>
<th>Sacraments</th>
<th>Date Received</th>
<th>Parish Received</th>
<th>Copy of Certificate supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Reconciliation</td>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Eucharist</td>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Confirmation</td>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

### Media Consent

I/We consent /do not consent (delete as applicable) to the Student being photographed and/or named in publications of the school, Catholic Education Office and Diocese of Toowoomba including but without limitation, any internet or web site, year book, newsletter, advertising or promotional material or press release.

- [ ] Consent
- [ ] Do Not Consent
## Contact Details

<table>
<thead>
<tr>
<th>Details</th>
<th>Father/Carer Residing at the Same Address</th>
<th>Mother/Carer Residing at the Same Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Middle Name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surname:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address – Residential:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Suburb &amp; Post Code:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postal Address (if applicable):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Contact Y/N?</strong></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Residential Guardian Y/N?</strong></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Primary Mailing Y/N?</strong></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Fee payer Y/N?</strong></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Home Phone Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Work Phone Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Phone Number:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Group</strong></td>
<td>Group 1 ☐</td>
<td>Group 1 ☐</td>
</tr>
<tr>
<td><strong>(Refer to list of occupations on the insert and tick the group that you think best describes your work)</strong></td>
<td>Group 2 ☐</td>
<td>Group 2 ☐</td>
</tr>
<tr>
<td></td>
<td>Group 3 ☐</td>
<td>Group 3 ☐</td>
</tr>
<tr>
<td></td>
<td>Group 4 ☐</td>
<td>Group 4 ☐</td>
</tr>
<tr>
<td></td>
<td>Group 8 ☐</td>
<td>Group 8 ☐</td>
</tr>
<tr>
<td><strong>Employer:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer Address:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Country of Birth:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nationality:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnic Origin:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Highest Year of School Education:</strong></td>
<td>Year 12 or equivalent ☐</td>
<td>Year 12 or equivalent ☐</td>
</tr>
<tr>
<td></td>
<td>Year 11 or equivalent ☐</td>
<td>Year 11 or equivalent ☐</td>
</tr>
<tr>
<td></td>
<td>Year 10 or equivalent ☐</td>
<td>Year 10 or equivalent ☐</td>
</tr>
<tr>
<td></td>
<td>Year 9 or equivalent or below ☐</td>
<td>Year 9 or equivalent or below ☐</td>
</tr>
<tr>
<td><strong>Do you speak a language(s) other than English at home?</strong></td>
<td>Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2.</td>
<td>Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2.</td>
</tr>
<tr>
<td><strong>Level of Highest Qualification:</strong></td>
<td>Bachelor degree or above ☐</td>
<td>Bachelor degree or above ☐</td>
</tr>
<tr>
<td></td>
<td>Diploma/Advanced Diploma ☐</td>
<td>Diploma/Advanced Diploma ☐</td>
</tr>
<tr>
<td></td>
<td>Certificate 1 to IV (incl trade cert) ☐</td>
<td>Certificate 1 to IV (incl trade cert) ☐</td>
</tr>
<tr>
<td></td>
<td>No non-school qualification ☐</td>
<td>No non-school qualification ☐</td>
</tr>
<tr>
<td><strong>Medicare Number:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**
### Contact Details

<table>
<thead>
<tr>
<th>Details</th>
<th>(1) Non Residential Parent (if applicable)</th>
<th>(2) Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please only complete if there is a Parent who does not reside at the Student’s Home Address.</td>
<td>Please nominate a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
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<td>Address – Residential:</td>
<td></td>
</tr>
<tr>
<td>Suburb &amp; Post Code:</td>
<td></td>
</tr>
<tr>
<td>Postal Address (if applicable):</td>
<td></td>
</tr>
</tbody>
</table>

| Emergency Contact Y/N? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Residential Guardian Y/N? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Primary Mailing Y/N? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Fee payer Y/N? | Yes ☐ No ☐ | Yes ☐ No ☐ |

| Home Phone Number: |  |
| Work Phone Number: |  |
| Mobile Phone Number: |  |
| Email Address: | N/A |
| Employer: |  |
| Employer Address: |  |
| Employer Suburb & Post Code: |  |
| Occupation: |  |
| Occupational Group: | Group 1 ☐ | Group 2 ☐ | Group 3 ☐ | Group 4 ☐ | Group 8 ☐ |
| (Refer to list of occupations on the insert and tick the group that you think best describes your work) |  |
| Country of Birth: |  |
| Nationality: |  |
| Ethnic Origin: |  |
| Religion: |  |
| Provide a copy of Assessment Reports etc: | Yes ☐ No ☐ | Yes ☐ No ☐ |

| Highest Year of School Education: | Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent or below ☐ |
| Do you speak any language(s) other than English at home? | Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2. | Yes ☐ No ☐ If Yes ☐ Please list below: 1. 2. |
| Level of Highest Qualification: | Bachelor degree or above ☐ Diploma/Advanced Diploma ☐ Certificate I to IV (incl trade cert) ☐ No non-school qualification ☐ | N/A |
| Are there any Family Court Orders/Parenting Plans that have been issued in relation to the enrolling student? | Yes ☐ No ☐ (If Yes Supporting documentation must be provided.) |  |
## Agreement

Please tick the following boxes and sign below

### 1.
I/we have read and agree to the conditions outlined in the following documents (please tick all boxes as read):

- [ ] a) School Enrolment Policy (where applicable).
- [ ] b) School Behaviour Management Policy
- [ ] c) School Anti-Bullying Policy
- [ ] d) Schedule of Fees and Charges
- [ ] e) School Uniform Policy
- [ ] f) Special Needs Enrolment Protocols (where applicable)
- [ ] g) School Internet Use Policy
- [ ] h) School Privacy Policy/ Standard Collection Notice/ Media Consent & Use of Student Images Policy
- [ ] i) Child Protection Policy / Volunteer Requirements
- [ ] j) Excursion Policy
- [ ] k)
- [ ] l)

### 2.
I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- [ ] Birth Certificate
- [ ] Baptismal Certificate
- [ ] Citizenship documentation (where applicable)
- [ ] Evidence of time out of the country e.g. passport, plane tickets, overseas school reports (where applicable).
- [ ] Most recent previous school reports and external test results (where applicable)
- [ ] Relevant Family Court Orders (where applicable)
- [ ] Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- [ ] Immunisation Certificate (primary school applications only)

I/we understand that if this application is successful the information that I/we have provided must be kept up to date throughout the period of enrolment.

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

If this enrolment application is successful I agree to honour the financial commitments required by the school as per the Schedule of Fees and Charges

I/we are not aware of any outstanding fees or charges, in relation to the student applying to enrol, that I/we are responsible for at another Catholic school.

### 3.
I/we have included the enrolment fee of $…………. with this application for enrolment and I/we understand that this money (will/ will not) be refundable if the application is unsuccessful.

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**DECLARATION**

In dealing with this application, it may be necessary for the school or the Catholic Education Office to look at documents held by previous educational institutions, health care professionals or other agencies. This information will be collected, used and stored consistent with legislative requirements. The consent of the owner of the information, while not always necessary, is appreciated and will speed up the assessment of the application.

I/we consent to the school and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous educational institutions, health care professionals or other agencies. When students are on visas, I/we consent to the Catholic Education Office checking visa entitlements electronically via VEVO for the duration of enrolment on the Department of Immigration website: http://www.immi.gov.au/e_visa/vevo.htm. I/we understand that the school or the Catholic Education Office may approach these bodies directly. The information they request may include information related to any of the questions I have answered in this Application for Enrolment.

I/we have read all of the information in the Enrolment Package and understand the policies that we will need to abide by should this enrolment application be successful. I declare that the information provided in this application to enrol is, to the best of my/our knowledge and belief, accurate and complete. I/we understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.

SIGNED ____________________________ (Father/Carer)  DATE: _____ / _____ / _____

and / or

SIGNED ____________________________ (Mother/Carer)  DATE: _____ / _____ / _____

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**Please note:**

- Acceptance of this application for enrolment is subject to the approval of the School’s Principal.
- Acceptance to this school does not constitute acceptance into any other Catholic school (primary or secondary).
### OCCUPATIONAL GROUPS

#### Parental Occupation Definition:

Parental Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

#### Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

- **Senior executive/manager/department head** in industry, commerce, media or other large organisation.
- **Public service manager** (Section head or above), regional director, health/education/police/fire services administrator
- **Other administrator** [school principal, faculty head/dean, library/museum/gallery director, research facility director]
- **Defence Forces** Commissioned Officer
- **Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
  - **Business** [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
  - **Air/sea transport** [aircraft/ship’s captain/office/pilot, flight officer, flying instructor, air traffic controller]

#### Group 2: Other business managers, arts/media/sportspersons and associate professionals

- **Owner/manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
- **Specialist manager** [finance/engineering/production/personnel/industrial relations/sales/marketing]
- **Financial services manager** [bank branch manager, finance/investment/insurance broker, credit/loans officer]
- **Retail sales/services manager** [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
- **Arts/media/sports** [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
- **Associate professionals** generally have diploma/technical qualifications and support managers and professionals.
  - **Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
- **Defence Forces** senior Non-Commissioned Officer

#### Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

- **Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
- **Clerks** [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

#### Skilled office, sales and service staff.

- **Office** [secretary, personal assistant, desktop publishing operator, switchboard operator]
- **Sales** [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
- **Service** [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

#### Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

- **Drivers, mobile plant, production/processing machinery and other machinery operators.
  - **Hospitality staff** [hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper]

#### Office assistants, sales assistants and other assistants.

- **Office** [typist, word processing/data entry/business machine operator, receptionist, office assistant]
- **Sales** [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
- **Assistant/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, 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: Currently not in paid work

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 the person’s last occupation.

If the person has not been in paid work in the last 12 months, tick Group ‘8’ in the appropriate box