



64 Ailsa Street
PO Box 196
Mansfield 3724
P: 03 5775 2445
E:office@mansfieldkindergarten.com.au

Dear Parents/Guardians,

3-YEAR-OLD KINDERGARTEN 2024

Thank you for your interest in enrolling your child into 3-Year-Old Kindergarten for 2024. Kinder is free in Victoria for 2024.

The funding the kinder receives from the Government will cover salaries, running costs and essentials. In addition, the kindergarten is a not for profit entity and throughout the year will still carry out many fundraising activities in order to fund various other purchases and program costs for the kindergarten to further enhance your child's experience.

Please complete the attached enrolment form and return as soon as possible.

I, _____ am enrolling my child _____ into
3-year-old kindergarten at Mansfield Kindergarten for 2024.

I have also attached copies of all relevant documentation.

	Yes	No	N/A		Yes	No	N/A
Birth Certificate				Court order/other related docs			
Immunisation Statement				Asthma Plan			
3 ½ year assessment				Anaphylaxis Plan			
Health Care Card				Other Medical Plan			
Working with children check (required for volunteers)				After Kinder Care expression of interest (separate form)			

Below you have the opportunity to state your PREFERENCE for groups/day(s). We cannot guarantee you will get your preferred group/day(s) however we do try our best to accommodate everyone.

Koalas	Wombats
Monday – 8:30am – 4:00pm	Monday – 12:15pm–3:15pm
Thursday – 8:30am – 4:00pm	Wednesday – 8:45am–2:45pm
	Friday – 8:45am – 2:45pm

Groups will be determined and announced once all enrolments confirmed. Depending on enrolment numbers, changes to the timetable may be necessary.

Priority for placement in a kinder group will be given according to the Department of Education and Training (DET) Priority of Access Criteria. These are explained in our Enrolment and Orientation Policy. Please contact our office should you wish to see a copy of this policy.

Signature: _____

Date: _____

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A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulations 2009 (Regulations). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children services.

INFORMATION ABOUT THE CHILD	
Given Name/s:	Surname/Family Name:
Preferred Name:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Country of Birth:
Language/s spoken in the home:	Year arrived in Australia: (if born outside of Australia)
Cultural Background:*	
Home Address:	
Postal Address <i>(if different from above)</i> :	
Health Care Card: <i>(please provide copy of card with submission of this form)</i>	Expiry:
Is your child of Australian Aboriginal or Torres Strait Islander decent? <i>(please tick one box only)*</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Australian Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Australian Aboriginal and Torres Strait Islander	
Please indicate if any of the following are applicable:	
<input type="checkbox"/> DHHS Involvement <input type="checkbox"/> Child Protection Involvement <input type="checkbox"/> Child living in Out of Home Care (OOHS): Foster Care / Permanent Care / Kinship Care <i>(Please circle)</i>	
<p align="center">Evidence of your child's date of birth is required. Please provide a copy of your Child's Birth Certificate.</p> <p align="center">Or for non-Australian born children, please provide a travel document, which must indicate your child's date of birth and the name of the parent(s)/guardian(s).</p>	

STAFF USE ONLY
Evidence of child's date of birth record has been received Received by: _____ Signature: _____ Date: _____

INFORMATION ABOUT THE CHILD'S PARENTS OR GUARDIANS	
Parent / Legal Guardian 1	Parent / Legal Guardian 2
Title:	Title:
Given Name/s:	Given Name/s:
Surname/Family Name:	Surname/Family Name:
Preferred Name:	Preferred Name:
Does child live with this Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child live with this Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Relationship to Child:	Relationship to Child:
Country of Birth:	Country of Birth:
Year arrived in Australia: (if born outside of Australia)	Year arrived in Australia: (if born outside of Australia)
Cultural Background:*	Cultural Background:*
Language spoken at home:	Language spoken at home:
Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (if different from child):	Address (if different from child):
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Email:	Email:
Occupation:*	Occupation:*
Are you of Australian Aboriginal or Torres Strait Islander decent? <i>(please tick one box only)</i> *	Are you of Australian Aboriginal or Torres Strait Islander decent? <i>(please tick one box only)</i> *
<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes, Australian Aboriginal	<input type="checkbox"/> Yes, Australian Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> Yes, both Australian Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, both Australian Aboriginal and Torres Strait Islander
OTHER HOUSEHOLD MEMBERS	
Siblings Name:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Siblings Name:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Siblings Name:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Other:	Relationship to Child:
Other:	Relationship to Child:

ADDITIONAL CONTACTS/AUTHORISATIONS (please list at least 2)	
Contact Person 1: Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person 2: Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child:	Relationship to Child:
Name:	Name:
Surname:	Surname:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
The above person has my permission to: <i>(Please tick)</i> <input type="checkbox"/> Collect the child from the Kindergarten (Authorised Nominee) <input type="checkbox"/> Be notified of an emergency involving the child if any parent/guardian cannot be immediately contacted <input type="checkbox"/> Consent to medical treatment or administration of medication for the child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent to the transportation of the child by an ambulance service <input type="checkbox"/> Consent to sign Incident, Injury Trauma Records and Medication Records <input type="checkbox"/> Authorise an Educator to take the child outside of the education and care service premises	The above person has my permission to: <i>(Please tick)</i> <input type="checkbox"/> Collect the child from the Kindergarten (Authorised Nominee) <input type="checkbox"/> Be notified of an emergency involving the child if any parent/guardian cannot be immediately contacted <input type="checkbox"/> Consent to medical treatment or administration of medication for the child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent to the transportation of the child by an ambulance service <input type="checkbox"/> Consent to sign Incident, Injury Trauma Records and Medication Records <input type="checkbox"/> Authorise an Educator to take the child outside of the education and care service premises
Contact Person 3: Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person 4: Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child:	Relationship to Child:
Name:	Name:
Surname:	Surname:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
The above person has my permission to: <i>(Please tick)</i> <input type="checkbox"/> Collect the child from the Kindergarten (Authorised Nominee) <input type="checkbox"/> Be notified of an emergency involving the child if any parent/guardian cannot be immediately contacted <input type="checkbox"/> Consent to medical treatment or administration of medication for the child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent to the transportation of the child by an ambulance service <input type="checkbox"/> Consent to sign Incident, Injury Trauma Records and Medication Records <input type="checkbox"/> Authorise an Educator to take the child outside of the education and care service premises	The above person has my permission to: <i>(Please tick)</i> <input type="checkbox"/> Collect the child from the Kindergarten (Authorised Nominee) <input type="checkbox"/> Be notified of an emergency involving the child if any parent/guardian cannot be immediately contacted <input type="checkbox"/> Consent to medical treatment or administration of medication for the child from a registered medical practitioner, hospital or ambulance service <input type="checkbox"/> Consent to the transportation of the child by an ambulance service <input type="checkbox"/> Consent to sign Incident, Injury Trauma Records and Medication Records <input type="checkbox"/> Authorise an Educator to take the child outside of the education and care service premises

AUTHORISATION

I _____ (print parent/guardian's name) Parent of
_____ (child's full name)

Authorise the Approved Provider, Nominated Supervisor or an Educator to:

1. Seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and
2. Seek transportation of my child by an ambulance service.
3. Take the child outside of the education and care services for emergency evacuation drills.

Parent/Guardian Signature:

Date:

LAWFUL AUTHORITY

PARENTS

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The *Children's Services Regulations 2009* refer to these powers and responsibilities as lawful authority. It is not affected by the relationship between the parents such as whether or not they have lived together or are married.

A court order such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

GUARDIANS:

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of a guardian under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day to day care and control of the child.

COURT ORDERS, PARENT ORDERS OR PARENTING PLANS RELATING TO YOUR CHILD

A **Parenting Order** means a parenting order within the meaning of Section 64B(1) of the Family Law Act 1975 (Commonwealth)

A **Parenting Plan** means a Parenting Plan within the meaning of Section 63C(1) of the Family Law Act 1975 (Commonwealth), and includes a registered parenting plan within the meaning of section 63C(6) of that Act

(a) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorisations of any person in relation to the child or access to the child? ☐ No – go to part (b)
☐ Yes, please attach a copy

(b) Are there any court orders relating to the child's residence or the child's contact with a parent or other person? ☐ No
☐ Yes, please attach a copy

STAFF USE ONLY

Court Order/other documents have been received.

Received by:

Signature:

Date:

CHILD'S IMMUNISATION INFORMATION

Under the 'No Jab, No Play' legislation all families seeking to enrol their child at an early year's services in Victoria will be required to provide evidence that their child is:

- Fully immunised for their age; or
- Is on a recognised catch-up schedule if the child has fallen behind with their vaccinations; or
- Has a medical reason not to be vaccinated (medical doctor exemption required which has been lodged with Australian Childhood Immunisation Register)

Has your child been immunised? ☐ Yes ☐ No

Is your child's immunisation up to date? ☐ Yes ☐ No

If Yes, please tick and attach the following:

☐ Immunisation History Statement from the Australian Childhood Immunisation Register showing that your child is up to date with their immunisation.

Parents/Carers can get a copy of their Child's Immunisation History Statement:

- Through Medicare online accounts or the Express Plus Medicare mobile app
- By requesting a statement to be posted to them in the mail
- At a local Medicare service centre
- By calling the Immunisation Register on 1800 653 809

Useful contact information:

ACIR

P: 1800 653 809

Email: acir@medicareaustralia.gov.au

www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register

If No, please attach a copy of your child's medical exemption signed by a Medical Practitioner.

STAFF USE ONLY

Child's immunisation record has been received

Received by:

Signature:

Date:

CHILD'S HEALTH AND MEDICAL INFORMATION

Child's Medical Practitioner/Doctor:

Address:

Medical Centre:

Phone Number:

Child's Medicare Number:

Expiry Date:

Ambulance Subscription: ☐ Yes ☐ No

Membership Number:

Health Fund: ☐ Yes ☐ No Provider Name:

Membership Number:

Has your child had their 3½ year old assessment? ☐ Yes ☐ No

If **Yes**, please attach a copy of the 3 ½ year old assessment from the child's Health Record Book

If **No**, please contact Maternal and Child Health on 5775 8537 for an appointment

STAFF USE ONLY

Child's 3 ½ year old assessment received:

Date:

Please note – If you tick ‘Yes’ to any of the following medical information, before your child can be left in the service, you are required to provide the service with an individual medical management plan for your child. The medical management plan must be signed by the medical practitioner who is treating your child.	
Has your child been diagnosed as being at risk of anaphylaxis ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide details:	
Has your child been prescribed an adrenaline auto-injector device (e.g. EpiPen®)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Risk Management Plan been completed by the service in consultation with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the case of anaphylaxis, you will be provided with a copy of the services anaphylaxis management policy, You will be required to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis	
STAFF USE ONLY	
Anaphylaxis Medical Management Plan received:	Date:
Does your child have any allergies or sensitivities ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please give details and outline the management procedures to be followed. If you have a Management Plan, please attach a copy.	
Mansfield Kindergarten has an onsite Medicine Cabinet. Please indicate if your child has any allergies or reactions to the following:	
<input type="checkbox"/> Band-Aids	<input type="checkbox"/> Paw Paw Ointment
<input type="checkbox"/> Savlon Cream	
Details:	
STAFF USE ONLY	
Allergy Management Plan received:	Date:
Has your child been diagnosed with asthma ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please attach a copy of the Asthma Management Plan.	
STAFF USE ONLY	
Asthma Management Plan received:	Date:
Has your child been diagnosed with diabetes ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please attach a copy of the Diabetes Management Plan	
STAFF USE ONLY	
Diabetes Management Plan received:	Date:
Has your child been diagnosed with epilepsy ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please attach a copy of the Epileptic Action Plan	
STAFF USE ONLY	
Epileptic Action Plan received:	Date:
Does your child have any medical conditions/diagnosed healthcare needs? (Not listed above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide details:	
If Yes , please attach relevant Medical Management Plan/Risk Minimisation Plan	
STAFF USE ONLY	
Medical Management Plan/Risk Minimisation Plan received:	Date:

Are there currently any specialist agencies involved with your child?
i.e. Speech Therapy, Occupational Therapy, Physiotherapy, ECIS/NDIS?

☐ Yes

☐ No

If **Yes**, please provide details:

DIETARY RESTRICTIONS/RELIGIOUS OR CULTURAL REQUIREMENTS

Does your child have any dietary restrictions?

☐ Yes

☐ No

Please list details:

Does your child have any religious requirements?

☐ Yes

☐ No

Please list details:

Does your child have any cultural requirements?

☐ Yes

☐ No

Please list details:

Has your child ever tried or eaten the following?

Orange/Citrus

☐ Yes

☐ No

Carrot

☐ Yes

☐ No

Tomato

☐ Yes

☐ No

Kiwi Fruit

☐ Yes

☐ No

Sultanas

☐ Yes

☐ No

Watermelon

☐ Yes

☐ No

Strawberries

☐ Yes

☐ No

Dairy

☐ Yes

☐ No

Apple

☐ Yes

☐ No

Rockmelon

☐ Yes

☐ No

Pear

☐ Yes

☐ No

Pineapple

☐ Yes

☐ No

Mandarin

☐ Yes

☐ No

Was there any noticeable reaction or dislike to any of the above? Were any reactions severe? *Please explain*

FOOD TASTING/COOKING ACTIVITIES

I acknowledge that food tasting and cooking are valid opportunities for my child to learn and that staff may provide these experiences to my child during the year. I understand that staff will adhere to allergy, cultural and dietary needs of my child when food is offered within the program.

☐ Yes

☐ No

I give permission for my child to participate in food preparation and cooking and as a part of the program, to eat food not provided by me, whilst at kindergarten.

☐ Yes

☐ No

PERMISSIONS

SUNSCREEN APPLICATION

The use of sun hats and sunscreen at Kindergarten is encouraged at all times. As per the Early Education and Care Services Sun Smart Procedure, you are required to provide your child with an appropriate wide brimmed hat or legionnaire hat with a back flap to wear during outdoor activity from September through to April and to apply 30+ (or higher), broad spectrum, water-resistant sunscreen before they arrive at Kindergarten. In order to comply with the Sun Smart Procedure, the Educator will apply 30+ (or higher), broad spectrum, water-resistant sunscreen to your child as required. Do you agree to this? ☐ Yes ☐ No

If **Yes**, does your child have a sensitivity to sunscreen? ☐ Yes ☐ No

If **Yes**, I agree to provide a suitable product (with my child's name and in original packaging) and within the use by date, to be stored in child's bag and applied by Educators as per Mansfield Kindergarten's Sun Protection Policy.

Name and details of specific sunscreen:

HEADLICE

Mansfield Kindergarten is aware that head lice infestation can be a sensitive issue and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program. On occasion we have a school nurse conduct checks of the children's hair. These checks generally take place around terms 2 & 4 or when an infestation of headlice is suspected in the service.

I give permission for my child's hair to be checked for headlice and eggs ☐ Yes ☐ No

I understand if head lice are detected on my child, I will be notified and advised to collect my child immediately as an appropriate course of treatment ☐ Yes ☐ No

DIGITAL MEDIA

Are you willing to have photos taken of your child for use in the following publications and other editorial material? Please tick which media are permitted:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Kindergarten web site | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Newspapers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Kindergarten newsletters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Kindergarten noticeboards, foyer and wall displays | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Social Media | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand that if I wish to take photos of other children at the Kindergarten, I must obtain consent from the child's parent or guardian before doing so. ☐ Yes ☐ No

I understand that during the Kindergarten year, parents' guardians are invited to attend functions (birthdays, Christmas, parent/guardian nights) where they may take video footage or photos of children. I understand and agree that if I do not want my child included in such footage, I will need to make prior arrangements with Educators. ☐ Yes ☐ No

FOR BODIES WHICH PROVIDE FUNDING TO THIS SERVICE

From time to time the Department of Human Services seeks information on the characteristics of families who use this children's service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does either parent have a disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the family a single parent family | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OTHER INFORMATION

Is there anything else that the children's service should know about the child (e.g.: excessive fears, favourite activities, etc.)? Please specify:

GENERAL INFORMATION

Where did you hear about Mansfield Kindergarten?

- ☐ Friends/Family
- ☐ Social Media
- ☐ Newspaper
- ☐ Previous Family Member Attended
- ☐ Other, please specify:

What committee position are you interested in?

- | | |
|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> IT Officer | <input type="checkbox"/> Maintenance Officer |
| <input type="checkbox"/> Social | <input type="checkbox"/> Policies Officer |
| <input type="checkbox"/> Grants Officer | <input type="checkbox"/> OH&S |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Quality Improvement Planning |

As you can see, we require a lot of volunteers to help the kindergarten run and any assistance is greatly appreciated. If you cannot commit to a position above perhaps you have another skill you can offer the kindergarten? i.e. Building, Plumbing, Electrical, Gardening, Cooking

DECLARATION

I/We declare that information contained in this enrolment record is true and correct and undertake to immediately inform Mansfield Kindergarten in the event of any change to the information;

I/We have read and accept that I/we will agree to abide by the Mansfield Kindergarten's Policies and Procedures and their implementation, which is available from staff upon request;

I/We agree that I/we will reimburse any expenses incurred by Mansfield Kindergarten following emergency medical treatment received by my child;

I/We consent to the collection and use of personal and health information on this form as outlined above in Privacy Notification;

I/We understand that I/we may at any time withdraw the permission given, after consultation with the Kindergarten Educators and may apply for access or amendment to the information through Mansfield Kindergarten's Administration Officer;

I/We confirm that my child will be accessing their funded kindergarten place at this service in 2024;

I/We confirm that we understand Mansfield Kindergarten's fee policy and will pay any fees before the due date on the invoice. If I/we are unable to make payment by the due date, we will contact Mansfield Kindergarten to arrange a payment plan;

I/we understand that if my/our child's kindergarten fees are unpaid, their place may be suspended or forfeited, and that Mansfield Kindergarten will/may enforce a debt collection process to recover outstanding fees;

I/we agree to collect or make arrangements for the collection of our child referred to in this enrolment form if s/he becomes unwell at the service.

Parent/Guardian 1 Name:

Signature:

Date:

Parent/Guardian 2 Name:

Signature:

Date:

CHILD'S NAME:			
KINDERGARTEN NAME:			
Please tick this box if there is only one parent/guardian for the child <input type="checkbox"/>		Parent/guardian A (primary carer)	Parent/guardian B (must be completed, except where there is only one parent/guardian for the child)
Education Equivalent overseas education and qualifications are recognised for the purposes of this data collection.			
4. What is the highest year of primary or secondary school the parent/guardian has completed? (tick one) <i>For persons who have never attended school, mark 'Year 9 equivalent or below'.</i>	Year 9 equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the level of the highest qualification the parent/guardian has completed? (tick one)	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Occupation			
6. What is the occupation group of the parent/guardian? (See <u>Parental Occupation Index</u> on page 2) <i>If the parent/guardian is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation</i>	<input type="checkbox"/> A	<input type="checkbox"/> A	
	<input type="checkbox"/> B	<input type="checkbox"/> B	
	<input type="checkbox"/> C	<input type="checkbox"/> C	
	<input type="checkbox"/> D	<input type="checkbox"/> D	
<i>If the parent/guardian has not been in paid work for the last 12 months, tick 'N' OR</i>		<input type="checkbox"/> N	<input type="checkbox"/> N
<i>If the parent/guardian has not been in paid work for the last 12 months because the person cares for their own children full time, tick 'H'</i>		<input type="checkbox"/> H	<input type="checkbox"/> H
Name parent/guardian (print)		Date	
Signature parent/guardian			

PARENTAL OCCUPATION INDEX

MANAGERS		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
PROFESSIONALS <i>generally with a bachelors degree or above</i>		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
TECHNICIANS AND TRADES WORKERS		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
COMMUNITY AND PERSONAL SERVICE WORKERS		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B

Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members - Other Ranks, Fire and Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D
CLERICAL AND ADMINISTRATIVE WORKERS		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	C
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	D
SALES WORKERS & MACHINERY OPERATORS, DRIVERS AND LABOURERS		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	D