



Dear Parents/Caregivers,

Can you please fill out the attached enrolment form for **4 year old Kinder 2019** and return it along with this form and a **\$40 enrolment fee** to Mansfield Kindergarten 64 Ailsa Street or PO Box 196, Mansfield 3724, as soon as possible.

Enrolment fee is to be paid by cash or cheque (payable to: Mansfield Kindergarten)

There may be a waiting list so please don't leave it until the last minute.

If you have any further enquiries, please don't hesitate to contact us.

Thank you

03 5775 2445

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Please complete and return the following:

I am enrolling my child ..... into 4 year old Kinder 2019.

I have included my \$40 enrolment fee as CASH or CHEQUE (payable to: Mansfield Kindergarten)

Please indicate the days that **you prefer** and that work in with other children, work, childcare, etc.

Groups will be determined and announced at our open day in October.

**GROUP 1**

Tuesday 8:45am - 2:45pm  
Thursday 8.45 – 2.45  
Friday 8:45am - 11:45am

**GROUP 2**

Tuesday 8:30am – 2:30pm  
Wednesday 8.30 – 11.30  
Thursday 8.30am - 2.30pm

Name ..... Signed ..... Date .....





64 Ailsa Street/PO Box 196  
 Mansfield, VIC 3724  
 P: 03 5775 2445  
 F: 03 5775 3293

**ENROLMENT DETAILS:**

**Enrolment Date:**

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 1998 (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**

FAMILY NAME: .....DATE OF BIRTH:..... SEX M F (Please circle)

GIVEN NAMES:..... USUALLY CALLED:.....

HOME ADDRESS:.....

POSTAL ADDRESS:.....

Health Care Card ..... Expiry.....

LANGUAGE(S) SPOKEN IN THE HOME: 1st.....2nd.....3rd.....

Is the child of Aboriginal or Torres Strait Islander descent? \*  No  Yes (Please tick)

\* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?  No  Yes (Please tick)

Does the child suffer from anaphylaxis or allergies?  No  Yes (Please tick)  
 Please refer to medical section for

Does this child have issues that involve court orders?  No  Yes (Please tick)

**Information about the child's parents or guardians. The following people have legal authority to:**

1. Collect or authorize collection of the child.
2. Authorize the taking of the child outside the premises by a staff member.
3. Consent to medical treatment.
4. Request or permit the administration of medication for the child.

| PARENT ONE / GUARDIAN  | PARENT TWO / GUARDIAN  |
|--|--|
| NAME.....  | NAME.....  |
| ADDRESS: AS PER CHILD  | ADDRESS: AS PER CHILD  |
| OR:.....   | OR:.....   |
| PHONE: H..... W.....   | PHONE: H..... W.....   |
| MOBILE:.....   | MOBILE:.....   |
| *E-MAIL .....  | E-MAIL .....   |
| OCCUPATION:.....   | OCCUPATION:.....   |
| Does the child live with this parent? <input type="checkbox"/> NO <input type="checkbox"/> YES | Does the child live with this parent? <input type="checkbox"/> NO <input type="checkbox"/> YES |

\*VERY important as this is how we send out important information to parents

**COURT ORDERS RELATING TO THE CHILD**

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?  
 **NO (go to the next section)**

**YES Please complete the following:**

1: Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form.

2: If these orders :

- a) change the powers of a parent/guardian to:
  - authorise the taking of the child outside the service by a staff member of the service;
  - consent to the medical treatment of the child;
  - request or permit the administration of medication to the child;
  - collect the child, **AND/OR**
- b) give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers:

.....

.....

.....

**OTHER PERSON/S AUTHORISATIONS**

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

|   |   |
|---|---|
| Name  | Name  |
| Address   | Address   |
| Phone(H) (W)  | Phone(H) (W)  |
| Mobile  | Mobile  |
| Relationship to Child   | Relationship to Child   |
| <input type="checkbox"/><br>Authorised to Collect (Authorised Nominee)                                    | <input type="checkbox"/><br>Authorised to Collect (Authorised Nominee)                                    |
| <input type="checkbox"/><br>Notification in the event of an Emergency                                     | <input type="checkbox"/><br>Notification in the event of an Emergency                                     |
| <input type="checkbox"/><br>Authorised to Consent to Medical Treatment                                    | <input type="checkbox"/><br>Authorised to Consent to Medical Treatment                                    |
| <input type="checkbox"/><br>Authorisation for the administration of medication                            | <input type="checkbox"/><br>Authorisation for the administration of medication                            |
| <input type="checkbox"/><br>Authorised to authorise an Educator to take the child outside of the premises | <input type="checkbox"/><br>Authorised to authorise an Educator to take the child outside of the premises |

(please indicate Y for yes N for No for authorisations)

|   |   |
|---|---|
| Name  | Name  |
| Address   | Address   |
| Phone(H) (W)  | Phone(H) (W)  |
| Mobile  | Mobile  |
| Relationship to Child   | Relationship to Child   |
| <input type="checkbox"/><br>Authorised to Collect (Authorised Nominee)                                    | <input type="checkbox"/><br>Authorised to Collect (Authorised Nominee)                                    |
| <input type="checkbox"/><br>Notification in the event of an Emergency                                     | <input type="checkbox"/><br>Notification in the event of an Emergency                                     |
| <input type="checkbox"/><br>Authorised to Consent to Medical Treatment                                    | <input type="checkbox"/><br>Authorised to Consent to Medical Treatment                                    |
| <input type="checkbox"/><br>Authorisation for the administration of medication                            | <input type="checkbox"/><br>Authorisation for the administration of medication                            |
| <input type="checkbox"/><br>Authorised to authorise an Educator to take the child outside of the premises | <input type="checkbox"/><br>Authorised to authorise an Educator to take the child outside of the premises |

|   |   |
|---|---|
| Name  | Name  |
| Address   | Address   |
| Phone(H) (W)  | Phone(H) (W)  |
| Mobile  | Mobile  |
| Relationship to Child   | Relationship to Child   |
| <input type="checkbox"/><br>Authorised to Collect (Authorised Nominee)                                    | <input type="checkbox"/><br>Authorised to Collect (Authorised Nominee)                                    |
| <input type="checkbox"/><br>Notification in the event of an Emergency                                     | <input type="checkbox"/><br>Notification in the event of an Emergency                                     |
| <input type="checkbox"/><br>Authorised to Consent to Medical Treatment                                    | <input type="checkbox"/><br>Authorised to Consent to Medical Treatment                                    |
| <input type="checkbox"/><br>Authorisation for the administration of medication                            | <input type="checkbox"/><br>Authorisation for the administration of medication                            |
| <input type="checkbox"/><br>Authorised to authorise an Educator to take the child outside of the premises | <input type="checkbox"/><br>Authorised to authorise an Educator to take the child outside of the premises |

**CHILD'S MEDICAL AND HEALTH INFORMATION**

NAME: Doctor/Medical Service: .....Phone: .....

ADDRESS: Doctor/Medical Service: .....

DO YOU HAVE:

AMBULANCE SUBSCRIPTION; NO YES MEMBERSHIP NUMBER.....

MEDICARE NO:.....

\* Has the child had their 3½ year old assessment  No  Yes (Please tick)

If yes, provide details by attaching a copy of the 3½ year assessment from the Child Health Record book

**Our Kindergarten has on site a medicine cabinet, please indicate if your child has any allergies or reactions the following:**

Band-aids

Paw Paw Ointment

Savlon Cream

**Does the child have any allergy or sensitivity?**  NO  YES (Please tick)

If yes, give details and outline the management procedures to be followed,(or attach a management plan.)

**Anaphylaxis**

Has your child been diagnosed at risk of anaphylaxis? No D Yes D

Does your child have an auto injection device (eg EpiPen®)? No D Yes D

Has the anaphylaxis medical management plan been provided to the service? No D Yes D

Has a risk management plan been completed by the service in consultation with you? No D Yes D

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](http://www.education.vic.gov.au/anaphylaxis)

**Does the child have any medical conditions and needs.**(e.g.: asthma, epilepsy, diabetes, etc.) or any information regarding your child's medical history that may be necessary for the service to know about?

NO  YES (Please tick)

If yes, give details and attach a management plan.

**Does the child have any dietary restrictions?** NO YES (Please tick)

If yes, outline the restrictions and reactions that may occur.

**Has your child ever tried or eaten the following?**

|                  |                              |                             |            |                              |                             |
|------------------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Oranges / citrus | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Carrot     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Kiwi Fruit       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Sultanas   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Strawberries     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Dairy      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Rockmelon        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Pear       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pineapple        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Mandarins  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Apple            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Watermelon | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Tomatoes         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |            |                              |                             |

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

**CHILD'S IMMUNISATION RECORD**

Has the child been immunised?

 NO YES

Under Victoria's No Jab No Play law, children need to be fully immunised for their age to be enrolled in an early childhood education and care service.

The ACIR is a national register administered by Medicare that records details of vaccinations given to children in Australia.

**Parents/ carers must provide a copy of their most recent ACIR Immunisation History Statement issued by the ACIR.** There are two kinds of Immunisation History Statements issued by ACIR – an online version (that can be printed) and a posted version. Both kinds are acceptable documentation.

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 1800 653 809
- Email ACIR [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Visit [www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register](http://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register)

**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:

|   |                             |  |
|---|-----------------------------|--|
| • Does either parent have a disability? | <input type="checkbox"/> NO | <input type="checkbox"/> YES (Please tick) |
| • Is the family a single parent family? | <input type="checkbox"/> NO | <input type="checkbox"/> YES (Please tick) |

**OTHER INFORMATION**

If there is anything else that the children's service should know about the child (e.g.: excessive fears, favourite activities, etc.) this is as follows:

.....

.....

.....

**DECLARATION AND CONSENT TO EMERGENCY MEDICAL, HOSPITAL, AMBULANCE TREATMENT**

I, .....(PRINT FULL NAME)

A PERSON WITH LAWFUL AUTHORITY OF 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 the children's service in the event of any change to this information;

\* agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;

\* consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical,hospital,ambulance treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.

Name..... 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 1998* 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 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.



**ADDITIONAL INFORMATION**

**We require you to sign an authorisation for the following matters:**

**SUNSCREEN**

I hereby give the Kindergarten permission to apply **sunscreen** to my child.....

NAME:.....SIGNATURE:..... DATE:.....

**PHOTOGRAPHS**

I hereby give the Kindergarten permission to take photographs/moving images of my child .....

I understand that these may be used for promotional and educational purposes and may be exhibited within the Preschool community and in the general community. (eg. Mansfield Courier)

NAME: .....SIGNATURE.....DATE:.....

**SOCIAL MEDIA (Facebook, instgram, twitter , website, etc)**

Every effort will be made to gain specific permission as occasions arise for external use of photographs/moving images but if this is not possible please sign if you allow your child's photograph/moving image used in this way.

NAME:.....SIGNATURE:..... DATE:.....

**HEADLICE**

In our efforts to attempt to eradicate headlice from the kindergarten, on occasion we have a school nurse conduct checks of the children's hair. These checks generally take place around term 2 and term 4. If any lice activity are found we will notify you and advise of immediate collection of child and an appropriate course of treatment.

I hereby give the preschool permission to check my child ..... for headlice,

Name: ..... SIGNATURE ..... DATE

**BACKGROUND INFORMATION: (to help with program planning)**

**Other Family members:**

Sibling(s)  Yes  No (Please tick)

|           |          |           |          |
|-----------|----------|-----------|----------|
| Name..... | Age..... | Name..... | Age..... |
| Name..... | Age..... | Name..... | Age..... |

Other adults living at home: .....

Family pets: .....

**Do you live:**  In town  Out of town  On a rural property  On a farm

Other\_\_\_\_\_

Where did you hear about Mansfield Kindergarten?

Friends/Family  Social Media  Newspaper  Previous family member attended

Other \_\_\_\_\_

What skills can you offer the Mansfield Kindergarten?

i.e, Building, plumbing, electrical, gardening, cooking

\_\_\_\_\_

Would you be interested in joining the committee?

President  Vice President  Treasurer  Secretary  Maintenance Officer  IT Officer

Social  Policies Officer  Grants  OH&S  QIP (Quality Improvement Plan)  Fundraising

As you can see we require a lot of volunteers to keep the kindergarten running, any assistance would be greatly appreciated.

### **Mansfield Kindergarten – Regular Excursion**

(Regulation 102(4))

A regular excursion is planned for the year of 2019. We plan to take the children to the Earth Kinder site, located on Maroondah Highway, off the Stock Route, Mansfield (see Mansfield Kindergarten website for specific map). The reason the children will be removed from the premises is to provide play opportunities in a natural environment and to educate children in sustainable practices. Proposed activities will arise from the children's investigations in this natural environment plus activities which are organized with VicParks, Landcare and Aboriginal elders.

The children will be in attendance for three hours.

Children will be transported by their parents/carers to and from the site.

There will be 3 adults responsible for the children. The child to adult ratio will be no more than 8:1.

Child's Name \_\_\_\_\_

Parent/Carer Signature \_\_\_\_\_

Date \_\_\_\_\_



|  | Adult A (Primary Carer)  | Adult B (leave blank if not applicable)                                    |
|--|--|--|
| <b>Education</b>   |  |  |
| <p><b>What is the <i>highest</i> year of primary or secondary school the parent/guardian has completed?</b> (tick one)</p> <p><i>For persons who have never attended school, mark 'Year 9 or equivalent or below'.</i></p>   | <input type="checkbox"/> Year 9 or equivalent or below                     | <input type="checkbox"/> Year 9 or equivalent or below                     |
|  | <input type="checkbox"/> Year 10 or equivalent                             | <input type="checkbox"/> Year 10 or equivalent                             |
|  | <input type="checkbox"/> Year 11 or equivalent                             | <input type="checkbox"/> Year 11 or equivalent                             |
|  | <input type="checkbox"/> Year 12 or equivalent                             | <input type="checkbox"/> Year 12 or equivalent                             |
| <p><b>What is the level of the <i>highest</i> qualification the parent/guardian has completed?</b> (tick one)</p>  | <input type="checkbox"/> No non-school qualification                       | <input type="checkbox"/> No non-school qualification                       |
|  | <input type="checkbox"/> Certificate I to IV (including trade certificate) | <input type="checkbox"/> Certificate I to IV (including trade certificate) |
|  | <input type="checkbox"/> Advanced diploma / Diploma                        | <input type="checkbox"/> Advanced diploma / Diploma                        |
|  | <input type="checkbox"/> Bachelor degree or above                          | <input type="checkbox"/> Bachelor degree or above                          |
| <b>Occupation</b>  |  |  |
| <p><b>What is the occupation of the parent/guardian?</b></p>   |  |  |
| <p><b>What is the occupation group of the parent/guardian?</b></p> <p><i>Please tick the appropriate parental occupation group from the attached list (See Parental Occupation Group Codes).</i></p> <p><i>If the person has not been in <u>paid</u> work for the last 12 months, tick 'N'.</i></p> <p><i>If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.</i></p> | <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   |
|  | <input type="checkbox"/> N   | <input type="checkbox"/> N   |

# Parental Occupation Index

Please see the register available at <http://www.education.vic.gov.au/school/teachers/management/finance/Pages/occupationcoderegister.aspx>

| <b>MANAGERS</b>  |   |          |
|--|---|----------|
| <b>Chief Executives, General Managers and Legislators</b>                              | Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament   | <b>A</b> |
| <b>Farmers and Farm Managers</b>   | Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers   | <b>A</b> |
| <b>Specialist Managers</b>   | Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers  | <b>A</b> |
| <b>Hospitality, Retail and Service Managers</b>  | Accommodation and Hospitality Managers, Retail Managers   | <b>B</b> |
| <b>PROFESSIONALS</b> <i>generally with a bachelors degree or above</i>                 |   |          |
| <b>Arts and Media Professionals</b>  | Music Professionals, Photographers, Journalists and Other Writers   | <b>A</b> |
| <b>Business, Human Resource and Marketing Professionals</b>                            | 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 | <b>A</b> |
| <b>Design, Engineering and Science Professionals</b>                                   | Architects, Designers, Planners and Surveyors, Engineering Professionals  | <b>A</b> |
| <b>Education Professionals</b>   | Early Childhood Teachers, School Teachers, Tertiary Education Teachers  | <b>A</b> |
| <b>Health Professionals</b>  | Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals   | <b>A</b> |
| <b>ICT Professionals</b>   | Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists   | <b>A</b> |
| <b>Legal, Social and Welfare Professionals</b>   | Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion   | <b>A</b> |
| <b>TECHNICIANS AND TRADES WORKERS</b>  |   |          |
| <b>Engineering, ICT and Science Technicians</b>  | Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians   | <b>B</b> |
| <b>Automotive and Engineering Trades Workers</b>                                       | Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters   | <b>C</b> |
| <b>Construction Trades Workers</b>   | Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers  | <b>C</b> |
| <b>Electrotechnology and Telecommunications Trades Workers</b>                         | Electricians, Electronics and Telecommunications Trades Workers   | <b>C</b> |
| <b>Food Trades Workers</b>   | Chefs   | <b>B</b> |
|  | Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks  | <b>C</b> |
| <b>Skilled Animal and Horticultural Workers</b>  | Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers  | <b>C</b> |
| <b>Other Technicians and Trades Workers</b>  | Hairdressers, Textile, Clothing and Footwear Trades Workers   | <b>C</b> |
| <b>COMMUNITY AND PERSONAL SERVICE WORKERS</b>  |   |          |
| <b>Health and Welfare Support Workers</b>  | Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists  | <b>B</b> |
| <b>Carers and Aides</b>  | Child Carers, Education Aides, Personal Carers and Assistants   | <b>D</b> |
| <b>Hospitality Workers</b>   | Bar Attendants and Baristas, Cafe Workers, Gaming Workers   | <b>D</b> |
| <b>Protective Service Workers</b>  | Police  | <b>B</b> |
|  | Defence Force Members - Other Ranks, Fire and Emergency Workers   | <b>C</b> |
| <b>Personal Service Workers</b>  | Beauty Therapists, Driving Instructors, Travel Attendants   | <b>D</b> |
| <b>Sports</b>  | Sports Coaches, Instructors and Officials, Sportspersons  | <b>C</b> |
|  | Fitness Instructors, Outdoor Adventure Guides   | <b>D</b> |
| <b>CLERICAL AND ADMINISTRATIVE WORKERS</b>   |   |          |
| <b>Office Managers and Program Administrators</b>                                      | Contract, Program and Project Administrators, Office and Practice Managers  | <b>B</b> |
| <b>Personal Assistants and Secretaries</b>   | Personal Assistants, Secretaries, Legal Secretaries   | <b>C</b> |
| <b>General Clerical Workers</b>  | General Clerks, Keyboard Operators  | <b>D</b> |
| <b>Inquiry Clerks and Receptionists</b>  | Call or Contact Centre Information Clerks, Receptionists  | <b>D</b> |
| <b>Numerical Clerks</b>  | Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers   | <b>D</b> |
| <b>Clerical and Office Support Workers</b>   | Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers   | <b>D</b> |
|  | Conveyancers and Legal Executives   | <b>B</b> |
| <b>Other Clerical and Administrative Workers</b>                                       | Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors  | <b>C</b> |
|  | Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers  | <b>D</b> |
| <b>SALES WORKERS &amp; MACHINERY OPERATORS, DRIVERS AND LABOURERS</b>                  |   |          |
| <b>Sales Agents</b>  | Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents   | <b>C</b> |
| <b>Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers</b> | Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator   | <b>D</b> |
| <b>Machinery Operators, Drivers and Labourers</b>                                      | Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers  | <b>D</b> |