# L:\Crest&Logo 2014\MCHF FINAL for Documents.jpg *Howayek Providence Limited trading as*

Passport Sized Photo of Student must be provided

**(please attach here)**

#  Maronite College of the Holy Family

 23-25 Alice Street, Harris Park 2150

 Ph: 9633 6600 Fax: 9689 1662

 Web Address: [www.mchf.nsw.edu.au](http://www.mchf.nsw.edu.au)

 Email Address: admin@mchf.nsw.edu.au

**Enrolment Application and Agreement**

Please indicate in a few words why you are seeking enrolment for your child at Maronite College of the Holy Family.

........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

|  |  |
| --- | --- |
| **Student Name** | **Office Use Only** |
|  | Class: |  |
| Student Code: |  |
| Family Code: |  |
| Commencement Date: |  |

|  |
| --- |
| **Family Mailing Details** |
| Family Surname: |
| Mail to:(eg Mr & Mrs Smith) |
| Address: | Suburb:  |
| Postcode:  | Home Phone Number: |
| Current Parish: |  |

|  |
| --- |
| **Student Details** |
| First Name: | Commencement Year/Date: |
| Middle Name: | 1st Australian School Year (eg: 2011): |
| Surname: | Previous School:  |
| Preferred Name: | Year Level: |
| Sex: (please tick one) 🞏 Male 🞏 Female | Religion: |
| Country of Birth: 🞏 Australia | Nationality: |
| Other Country:  |  |
| Date of Birth: / / |
| Enrolment Class (eg: Year 3): |

|  |
| --- |
| **Nationality/Residential Status** ***(original documents must be sighted and copies to be retained by the College)*** |
| 🞏 **Australian Citizen** (Naturalisation Certificate or Australian Passport if Country of Birth is not Australia) |
| 🞏 **Permanent Resident** (Passport if Country of Birth is not Australia) |
| 🞏 **Temporary Resident** (Passport and Visa) |
| 🞏 **Foreign National without Residential Status** (Passport and Visa) |
| 🞏 **Other/Visitor/Student** (Passport and Visa) |

|  |
| --- |
| **Office Use Only:** |
| Residential Status: 🞏 Permanent 🞏 Non-Permanent 🞏 Refugee |
| 🞏 O/S 🞏 BRVS 🞏 RSVS 🞏 ETV 🞏 LBOTE 🞏 ESLASSIST 🞏 NA/CIEC 🞏 CSS 🞏 SSCL 🞏 OHS |
| Arrival Date in Australia: | Visa Sub Class: |
| Passport Number: | Visa Number: |
| OSHC Membership Number: Expiry:  | Visa Expiry Date: |
| Confirmation of Enrolment-Course Code: | Course Description: |
| Confirmation of Enrolment Number: | Course Start: Course End: |

|  |
| --- |
| **Full Fee Overseas Paying Student (FFOPS)**Complete this section if you are an Overseas Student |
| Passport Held | Passport Number | Visa | Visa Number | Class |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Indigenous Identifier**  |
| **Is the Student of Aboriginal or Torres Strait Islander Origin?****(For persons of both Aboriginal and Torres Strait Islander origin, tick both ‘Yes’ responses.)****🞏 No****🞏 Yes, Aboriginal****🞏 Yes, Torres Strait Islander** |

|  |
| --- |
| **Parent/Guardian/Carer Contact Details** |
| **Details** | **Mother** /Guardian/Carer**Residing at the Same Address** | **Father** /Guardian /Carer**Residing at the Same Address** |
| Title |  |  |
| First Name |  |  |
| Middle Name |  |  |
| Surname |  |  |
| Relationship |  |  |
| Date of Birth |  |  |
| Address: Street |  |  |
| Suburb & Post Code |  |  |
| Residential Guardian |  🞏 Yes 🞏 No |  🞏 Yes 🞏 No |
| Home Phone Number |  |  |
| Work Phone Number |  |  |
| Fax |  |  |
| Mobile |  |  |
| Email Address |  |  |
| Occupation |  |  |
| Occupational Group**Please list occupation currently employed in Australia.**(please refer to Back Page for ‘List of Parental occupations’) |  🞏 Group 1 🞏 Group 2 🞏 Group 3 🞏 Group 4 🞏 Not in paid work in last 12 months  |  🞏 Group 1 🞏 Group 2 🞏 Group 3 🞏 Group 4 🞏 Not in paid work in last 12months  |
| Highest Year of School Education which is **recognised in Australia** |  🞏 Year 12 or equivalent 🞏 Year 11 or equivalent 🞏 Year 10 or equivalent 🞏 Year 9 or equivalent or below |  🞏 Year 12 or equivalent 🞏 Year 11 or equivalent 🞏 Year 10 or equivalent 🞏 Year 9 or equivalent or below |
| Level of Highest Qualification which is r**ecognised in Australia** |  🞏 Bachelor degree or above 🞏 Advanced Diploma/Diploma 🞏 Certificate 1-IV (Trade Cert) 🞏 No non-School qualification |  🞏 Bachelor degree or above 🞏 Advanced Diploma/Diploma 🞏 Certificate 1-IV (Trade Cert) 🞏 No non-School qualification |
| Country of Birth |  |  |
| Village/Origin |  |  |
| Nationality |  |  |
| Religion |  |  |
| **Signature** |  |  |

|  |
| --- |
| Main Languages |
| **Does the student or their parent1/guardian1/carer1/ or their parent2/guardian2/carer2 speak a language other than English at home?**(If more than one language, indicate the one that is spoken most often) |
|  | Student | **Mother**Guardian 1Carer 1 | **Father**Guardian 2Carer 2 |
| No, English Only | 🞏 | 🞏 | 🞏 |
| Yes, Arabic (incl. Lebanese | 🞏 | 🞏 | 🞏 |
| Yes, Other – Please specify |  |  |  |
| **Contact Details of Other Persons** |
| **Details** | **Non Residential parent****(if applicable)** | **Emergency Contact** |
|  | Please only complete if there is a Parent who does not reside at the Student’s Home Address | Please nominate a **person other than a parent** who may be contacted in the event of an emergency, if parents cannot be contacted |
| Title |  |  |
| First Name |  |  |
| Surname |  |  |
| Address – Street |  |  |
| Suburb & Post Code |  |  |
| Home Phone No |  |  |
| Business Phone No |  |  |
| Mobile Phone No |  |  |
| Email Address |  | N/A |
| Relationship to Student |  |  |
| Employer |  | N/A |
| Occupation |  | N/A |
| Occupational Group**Please list occupation currently employed in Australia.**(please refer to Back Page for ‘List of Parental occupations’) |  🞏 Group 1 🞏 Group 2 🞏 Group 3 🞏 Group 4 🞏 Not in paid work in last 12 months  | N/A |
| Highest Year of School Education which is **recognised in Australia** |  🞏 Year 12 or equivalent 🞏 Year 11 or equivalent 🞏 Year 10 or equivalent 🞏 Year 9 or equivalent or below  | N/A |
| Level of Highest Qualification which is r**ecognised in Australia** |  🞏 Bachelor degree or above 🞏 Advanced Diploma/Diploma 🞏 Certificate 1-IV (Trade Cert) 🞏 No non-School qualification | N/A |
| Do you speak a language other than English at home? |  🞏 Yes 🞏 No If yes please specify:1. 2.
 | N/A |
| Country of Birth |  | N/A |
| Village/Origin |  | N/A |
| Nationality |  | N/A |
| Religion |  | N/A |
| **Signature** |  | 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) | N/A |

|  |
| --- |
| **Student Details** |
| This information is required to enable the College to assess and manage any risk of harm to the student, their peers and the staff. If there are any changes to these issues during the child’s enrolment at the College, the administration must be promptly notified to enable the College to assess its ability to provide adequate services for these needs. A failure to fully disclose any special needs or disability may impact on your application. The acceptance of this application may be based in whole or part on the information you have provided to the school. It is also important that you advise the school fully of any change in your child’s needs as promptly as possible as the school must reassess its ability to provide adequate services to your child on a regular basis. A full disclosure of all special needs, disabilities or risks is essential to enable us to properly consult with you and develop strategies to adequately deal with those needs, disabilities or risks. |
| **Special Circumstances**Are there any family circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (e.g. living apart from parental supervision, subject of a court order, State arranged out of home care)🞏 Yes 🞏 No  If yes, provide a brief description of the circumstances: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Relevant Previous History**Maronite College of the Holy Family has a responsibility to assess and manage any risk of harm to its staff and students.To your knowledge, is there anything in the student’s history or circumstances (including medical history) which might present risk of any type to the student, other students, or staff at this school?🞏 Yes 🞏 No  If yes, provide a brief description of the circumstances: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Please provide contact details of health professionals or other relevant bodies that have knowledge of these issues.……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Has the student any past history of violent behaviour?🞏 Yes 🞏 No  If yes, provide details………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Did this involve being suspended or expelled from any previous school?🞏 Yes 🞏 No  If yes, was this for (Please tick):🞏 Actual violence to any person🞏 Illegal drugs?🞏 Possession of weapon or any item used to cause harm or injury?🞏 Threats of violence or intimidation of staff, students, or others at the school?Are you aware of any other incidents of the kind listed above that have involved the students outside of the school setting?🞏 Yes 🞏 No  If yes, provide a brief outline of these matters……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

|  |
| --- |
| **Medical Details** |
| Doctor’s Name: | Phone Number: |
| Student’s Medicare Number: | Date of Last Tetanus Injection/Booster |
| **Allergies/ Medical Alert** Please specify any **allergies/ medical alerts** relating to the student applying for enrolment(e.g. allergies to nuts, penicillin, bee stings, asthma management etc)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Immunisations** | Has the Immunisation Certificate been submitted? 🞏 Yes 🞏 No   |
| I/We give permission for the School Authorities to authorise any medical step which may become necessary as a result of any accident occurring at the school or at functions/excursions organised by the school if I cannot be contacted before any such treatment is deemed necessary by proper medical authorities. I/We will also provide written consent to the College on request to contact health professionals or other relevant agencies. 🞏 Yes 🞏 No Parent/Guardian/Carers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **IMMUNISATIONS****Please indicate in the appropriate box if your child has had their Immunisation injections:** |
| Immunisation | Yes/No | Date | Immunisation | Yes/No | Date |
| Polio |  |  | Rubella |  |  |
| Measles/Mumos/Rubella |  |  | Meningococcal |  |  |
| Diptheria/Tetnus/Whooping Cough |  |  | Hepatitis B |  |  |
| Human Papillomavirus (HPV 12 to 18 years) |  |  | Chickenpox |  |  |
| Tetanus |  |  |  |  |  |

|  |
| --- |
| **SPECIAL NEEDS**Please indicate whether the student applying for enrolment has any known or suspected **special needs** such as – wears glasses/hearing aid, is being treated by a Paediatrician etc: |
| Indicate whether the student applying for enrolment has any known or suspected special needs (please ✓ Yes or No for each of the following) |
| Physical Needs🞏 Yes 🞏 No | Medical Needs🞏 Yes 🞏 No | Educational Needs🞏 Yes 🞏 No | Behavioural Needs🞏 Yes 🞏 No | Any other special needs🞏 Yes 🞏 No |
| 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).****………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….****If this enrolment application is successful, it is essential that the school be advised promptly of any changes to the needs of the students. The school will regularly assess its ability to provide adequate services for these needs.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Student Pre-School Education** |
| In the year before school, has the child been in non-parental care on a regular basis and/or attended any other educational programs? Yes NoIf Yes, indicate all that apply. Preschool If Yes, please enter postcode if known  Long Day Care Family Day Care Day Care (with a preschool program) Grandparent Other relative Other person (includes nanny, friend or neighbour)  Please indicate the amount of formal care (long day care, preschool) each week prior to enrolling at school Attendance per week: \_\_\_\_\_\_\_ Number of full days:\_\_\_\_\_\_\_\_ Number of half days: \_\_\_\_\_\_\_\_ Age Commenced: \_\_\_\_\_\_\_\_\_Please provide the name of the Pre-School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did your child need/receive special help there? 🞏 Yes 🞏 No |

|  |
| --- |
| **Student Primary and Secondary School Education (all enrolments)** |
| Please provide details (names and locality) of last three schools attended (where applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did your child need/receive special help there?*If “yes”, what was provided for your child at his/her previous school………*🞏 Yes 🞏 No Alternative teaching and learning strategies🞏 Yes 🞏 No A reader or scribe🞏 Yes 🞏 No Modifications to equipment, furniture, learning spaces🞏 Yes 🞏 No Access to technology🞏 Yes 🞏 No Personal carer support |

|  |
| --- |
| **Please list below all children in the family attending Maronite College of the Holy Family and those who do not attend or are still at home.** |
| **Child’s Full Name** | **School year** | **Date of Birth** |
| Child |  |  |  |
| Child |  |  |  |
| Child |  |  |  |
| Child |  |  |  |
| Child |  |  |  |
| Child |  |  |  |
| Child |  |  |  |
| Child |  |  |  |

|  |
| --- |
| **Parish/Sacramental Details** |
| **Sacrament** | **Date Received** | **Parish Received** | **Copy of Certificate supplied Y/N** |
| Baptism |  |  |  |
| Reconciliation |  |  |  |
| Eucharist |  |  |  |
| Confirmation |  |  |  |

|  |
| --- |
| **Fee Payment Policy** |
| **School Fees*** College Fees are set annually with any changes being notified to parent(s)/guardian(s)/carer(s) in advance.
* Information on the level of school fees can be obtained from Business Services.

**Billing**Invoices will be at the commencement of each calendar year.**Payment of Fees** * All fees are due and payable on due dates which will be advised in letter which accompanies the invoice

**Arrangements for Deferred Payments*** In special circumstances the College will consider requests from parents who cannot meet the due date for the payment of school fees. These requests will be treated on a case by case basis. However, the school expects all fees to be fully paid prior to the end of the term to which they apply.
* Payment arrangements are entirely at the discretion of the Executive and, once agreed to, will need to be confirmed in writing by Parent(s)/Guardian(s)/Carer(s) before being formally accepted. Preferred method of fee payment is by Direct Deposit. Forms will be sent out with Confirmation letters.

**Change in the relationship between Parent(s)/Guardian(s)/Carer(s)*** Parent(s)/Guardian(s)/Carer(s) must inform the College if there is a change in their relationship with each other since signing the Application Form and the Parent Agreement (eg. Divorced or separation). Unless otherwise directed, the Executive will require that a new enrolment form be completed by the person who is to assume the obligation of paying the school fees.

**Withdrawal of a student from the school*** The College requires four weeks written notice of withdrawal of a student from the College as well as the intended destination of the student. In default of such notice, the College will charge a full term’s fee for that student’s place that is no longer required. Refund is limited to the tuition and service fees for any terms remaining plus one third of the remaining weeks of the term the student leaves in.
 |
| **Acknowledgment** Parent(s)/Guardian(s)/Carers are requested to return this form once signed and dated in acknowledgment of having read and understood the terms and conditions of the school’s *Fees Payment Policy.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Mother/Guardian1/Carer1 Signature of Father/Guardian2/Carer2Date: |

|  |
| --- |
| **Enrolment Agreement** |
| Please tick the following boxes and sign below1. 1/We agree to:

🞏 Support the College Staff in the implementation of College Rules, Uniform/Grooming expectations and Board of Studies directives🞏 Support the College Staff as they strive to set high standards and challenge my child in all aspects of his/her development1. I/We have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

🞏 Birth Certificate🞏 Baptismal Certificate🞏 Passport size photo🞏 Citizenship documentation (where applicable)🞏 Most recent previous school reports and external test results eg, Years 3,5,7,9 NAPLAN and RoSA for Yr 10🞏 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)1. 1/We understand that if this application is successful the information provided must be kept up to date throughout the period of enrolment.
2. 1/We agree to support to support our child’s participation in the religious life of the school (eg school liturgies, retreat programs). I also give permission for my child to attend excursions when the teacher and Administration deem it necessary.
3. If this enrolment application is successful I agree to honour the financial commitments required by the College as per the Schedule of Fees and Charges.
4. If the student is to leave the College, I/We will give you written notice-
5. By no later than the first day of the Term at the end of which it is intended he/she should leave, or
6. (if it is intended that he/she should leave during a term) no later than the first day of the preceding Term.

If I/We fail to comply with these requirements, the College reserves the right to invoice me/us for one Term’s Fees in lieu of notice.1. If fees have been fully settled by the parent/guardian/carer refunds will involve unexpired components of tuition and electives only.
2. I/We will seek extended leave from the Principal, for our child, if the leave exceeds 5 days and does not exceed 100 days.
3. I/We will ensure that the previous school has notified the Board that our child is eligible for RoSA and has met the eligibility requirement.
4. In the event of any medical or other emergency arising in which the Principal considers it impossible or impracticable to communicate with the Parent /Guardian/Carer of the Student, the Principal is authorised to act as he/she may think necessary or expedient.
5. The Principal has authority to apply whatever disciplinary measures are deemed necessary in relation to the conduct of the student, both inside and outside the College precincts, or to suspend the student for any cause judged to be sufficient.
6. The College does not insure the student’s property of any description.
7. In this Agreement, the expression ‘Principal’ includes any Acting Principal or other Senior Teacher for the time being carrying out the duties of or exercising the authority of the Principal.
8. It is a condition of enrolment that students are required to actively participate in Representative duties if selected by the College. Students who are identified as having medical conditions preventing these duties will be exempt.
9. I am aware that Maronite College of the Holy Family may seek to gain access to relevant information about the student to be enrolled held by previous schools, preschools, health care professionals or other government agencies. I understand the College may approach these bodies directly. The information they request may include information related to any of the questions I have answered above.
10. All K-6 enrolments conclude at the end of Year 6 and a re-enrolment process take place for high school. All Years 7-10 enrolments conclude at the end of Year 10. Students who wish to continue to Years 11/12 study must undergo a re-enrolment process, subject to satisfactory performance in Years 7-10 and payment of all outstanding fees.
11. Park – I give permission for my son/daughter to leave school grounds to walk to the local parks for sport and leisure activities throughout each school year at Maronite College of the Holy Family.
12. Internet Acceptable User Policy – The provision of internet services at Maronite College of the Holy Family extends the range of teaching and learning opportunities to students for the purpose of improvement in learning outcomes. School users are taught to become aware of information, responsibilities and procedures that need to be followed to ensure its effective use. I/We agree to share with the College the responsibility of setting and conveying the standards that children should follow when using media and information sources. (Refer to Maronite College of the Holy Family Cyber safety user Agreement)
13. Photography and Video – I agree to my child’s photos being used in Newsletters, on the College website, College Facebook, College Policies and External College Publicity/Promotions.
14. I/We have included the enrolment fee of $150.00 with this application for enrolment and I/We understand that this money will not be refundable if the application is unsuccessful.
 |

|  |
| --- |
| 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/We understand that if any misleading information has been provided, or any omission of significant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother/Guardian1/Carer1) Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father/Guardian2/Carer2)Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please Note: * Acceptance of this application for enrolment is subject to the approval of the College’s Enrolment Committee.
 |
| Office Use Only:Enrolment Accepted: 🞏 Yes 🞏 No Enrolment Fee: $\_\_\_\_\_\_\_  Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Risk Assessment Noted: 🞏 Yes 🞏 No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**LIST OF PARENTAL OCCUPATION GROUPS**

|  |
| --- |
| **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.
* **Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional
* **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
* **Air/sea transport** (aircraft/ship’s captain/officer/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.
* **Health, Education**, **Law, Social Welfare, Engineering, Science, Computing** technician/associate professional
* **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 (NCO)
 |

|  |
| --- |
| **Group 3: *Tradespeople, clerks and skilled office, sales and service staff*** |
| * **Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople 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)
 |