



Application for Enrolment

Please complete the Application for Enrolment and return to Cobram Anglican Grammar School with all required documentations to:

Post:

Enrolments Officer
Cobram Anglican Grammar School
PO Box 607
Cobram VIC 3644

Email:

enrolments@cags.vic.edu.au

In Person:

40-48 Campbell Road
Cobram VIC 3644

If you have any enquiries or wish to discuss this enrolment further, please contact the school on 03 5871 1816.

Office use only	Date received: ____/____/____	Birth Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrolment Date: ____/____/____	Immunisation History attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: ____/____/____	Visa information attached (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION ONE: Personal Information Collection Statement

Cobram Anglican Grammar School (the School)

1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the student and to enable them to take part in all the activities of the School.
2. Some of the information collected is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act. The School may ask you to provide medical reports about students.
5. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes only. This includes to other schools, government departments, the Anglican Schools Commission (ASC), the School's local diocese and the parish, schools within other dioceses, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
6. Personal information collected from students is often disclosed to their parents or guardians.
7. The School stores all personal and sensitive information it collects securely. It may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia. If this is to occur the School will take reasonable steps to ensure the information is handled and stored in accordance with the requirements of the APPs under the Privacy Act.
8. The personal information collected by the School is subject to the Privacy Act and the ASC/school Privacy Policy. The ASC Privacy Policy may be accessed on the School's public website <https://www.cags.vic.edu.au/about-us/school-policy>.
9. The ASC Privacy Policy sets out how parents or students may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others or where access may result in a breach of the School's duty of care to the student.
10. The ASC Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in the School's newsletters and magazines and on the School's website/social media platforms. Photographs of student activities such as sporting events, school camps and school excursions may be taken for publication in the School's newsletters and magazines and on our website/social media platforms, and by the ASC and Anglican Schools Australia (ASA). The School may in certain circumstances obtain separate permissions from the students' parent or guardian prior to publication.
12. The School may include a student's parents'/guardians' contact details in a class list and/or School directory. The School will obtain separate permissions from the students' parent or guardian prior to the distribution of these lists.
13. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not disclose this information to third parties.

SECTION TWO: Student Details

PERSONAL DETAILS:

Surname:			
First Name:		Middle Name:	
Preferred Name:			
Date of Birth:	____ / ____ / ____	Gender:	M / F (please circle)
Religion (optional):			
Address Line 1:			
Address Line 2:			
Town:		State:	
		Postcode:	
Is the Student of Aboriginal Origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Student of Torres Strait Island Origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOOL DETAILS:

Proposed Year Level of Entry:		Proposed Year of Entry:	
First School attended:			
First Australian School Year:			
Current School/Preschool:			

CITIZENSHIP DETAILS:

Country of Birth:			
Nationality:			
Language spoken at home:			
Is the Student an Australian Citizen? (If YES, go to Section 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date arrived in Australia:	____ / ____ / ____		
Visa Held:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Date:	____ / ____ / ____
Visa Type:		Visa Number:	

SECTION THREE: Sibling Details

Current sibling enrolled at Cobram Anglican Grammar School

Full Name:		Year Level:	
Full Name:		Year Level:	
Full Name:		Year Level:	
Full Name:		Year Level:	

House Details

Please indicate what house current siblings or other family members (i.e. cousins) are currently in:

House:	<input type="checkbox"/> Cowell	<input type="checkbox"/> Farrer	<input type="checkbox"/> Parkes	<input type="checkbox"/> Stanyer
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Future sibling planning to enroll at Cobram Anglican Grammar School

Full Name:		Year Level:		Year of Entry:	
Full Name:		Year Level:		Year of Entry:	
Full Name:		Year Level:		Year of Entry:	
Full Name:		Year Level:		Year of Entry:	

SECTION FOUR: Family Details

FAMILY CIRCUMSTANCES:

Students resides with:

☐ Both Parents (only complete Primary Contact details) ☐ Primary Contact only (complete both Primary and Secondary Contact details) ☐ Shared arrangements (complete both Primary and Secondary Contact details)

Court Orders:

Are there any Court Orders or other information with which the School should be familiar with?

☐ Yes ☐ No **If you ticked "Yes", the School needs to be provided with a copy or any legal documentation.*

NOTE: BOTH parents must be noted on the enrolment form if on Child's Birth Certificate.

Details	PRIMARY CONTACT: Parent / Guardian	PRIMARY CONTACT: Parent / Guardian
Title:	Mr.	Ms. / Mrs. / Miss (Please circle)
First Name:		
Surname:		
Relationship to Student:		
Residential Address:		
Town, Post Code:		
Postal Address:		
Town, Post Code:		
Home Phone:		
Mobile Phone:		
Work Phone:		
Email Address:		
Country of Birth:		
Nationality:		
Language Spoken at Home:		
OCCUPATION DETAILS		
* Please note that we are obliged by law to collect the following information about all of our parents for funding purposes. This information will be treated confidentially and in accordance with the College's Privacy Policy.		
Occupation:		
Employer:		
Occupation Group: (Refer to occupation groups on back page)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Highest Year of School Education (or equivalent):	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 or below
Highest level of Tertiary Qualification:	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including a Trade Certificate) <input type="checkbox"/> No formal schooling qualifications	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including a Trade Certificate) <input type="checkbox"/> No formal schooling qualifications

Details	SECONDARY CONTACT: Parent / Guardian	SECONDARY CONTACT: Parent / Guardian
Title:	Mr.	Ms. / Mrs. / Miss (Please circle)
First Name:		
Surname:		
Relationship to Student:		
Residential Address:		
Town, Post Code:		
Postal Address:		
Town, Post Code:		
Home Phone:		
Mobile Phone:		
Work Phone:		
Email Address:		
Country of Birth:		
Nationality:		
Language Spoken at Home:		
Religion:		
Receive School Reports:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATION DETAILS		
* Please note that we are obliged by law to collect the following information about all of our parents for funding purposes. This information will be treated confidentially and in accordance with the College's Privacy Policy.		
Occupation:		
Employer:		
Occupation Group: <i>(Refer to occupation groups on back page)</i>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Highest Year of School Education (or equivalent):	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 or below	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 or below
Highest level of Tertiary Qualification:	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including a Trade Certificate) <input type="checkbox"/> No formal schooling qualifications	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma / Diploma <input type="checkbox"/> Certificate I to IV (including a Trade Certificate) <input type="checkbox"/> No formal schooling qualifications

SECTION FIVE: Personal / Health / Educational Support Requirements

Does your child have any health, physical, social, emotional or intellectual difficulties or specific medical or learning needs or disabilities of which the School should be aware?

Physical Needs	Educational Needs	Behavioural Needs	Sensory Needs (vision and/or hearing impairment)	Any other special needs (please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any information and attach any documentation regarding any learning services previously received and difficulties identified at your child's previous school or early child care provider.

- ☐ Occupational Therapist ☐ Speech Pathologist ☐ Audiologist
☐ Paediatrician ☐ Developmental Optometrist ☐ Physiotherapist
☐ Education Support ☐ Psychologist ☐ Other

Has your child had an Individual Education Plan? ☐ Yes ☐ No

If you answered yes to any of the above, please provide full details of those needs and any assessment / intervention / support that the student may be currently receiving (supporting documentation MUST be provided)

[illegible]

SECTION SIX: Emergency Contact / Medical Details

EMERGENCY CONTACT/S:

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name:			
Relationship to Student:			
Mobile Phone:			
Home Phone:			

FAMILY DOCTOR/DENTIST DETAILS:

Family Doctor:		Phone:	
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MEDICATION CONSENT:

I/We give permission for the School to administer the following medications (please tick)

• Panadol (up to 2 tablets/dose per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Nurofen (up to 2 tablets/dose per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Antihistamine (up to 1 tablet/dose per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your child take any medications at all? Include ALL prescribed medications:

MEDICAL DETAILS:

Medicare Number:	_____	Ref:		Expiry:	___ / ___ / ___
Ambulance Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member No:		Expiry:	___ / ___ / ___
Private Health Ins.:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member No:		Expiry:	___ / ___ / ___
Fund Name:					
Health Care Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member No:		Expiry:	___ / ___ / ___

**Please provide the School with a copy of your Health Care Card*

Does the student suffer from any of the following medical conditions?

**Please note, if yes to any of the below you will need to attach a copy of the relevant Action Plan*

Asthma:	<input type="checkbox"/> Yes	Severity:	<input type="checkbox"/> Mild	Comments:
	<input type="checkbox"/> No		<input type="checkbox"/> Moderate	
	<input type="checkbox"/> Severe			
Epilepsy:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Diabetes:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Eating Disorder:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			

ADD/ADHD:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Hearing / Sight or Speech difficulties:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Physical Disability:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Cancer / Leukaemia:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Hepatitis:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
High / Low Blood Pressure:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Heart Problems:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Dietary Restrictions:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Anaphylaxis:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Other Medical Conditions:	<input type="checkbox"/> Yes	Comments:		
	<input type="checkbox"/> No			
Allergies:				
Insect bites:	<input type="checkbox"/> Yes	Severity:	<input type="checkbox"/> Mild	Comments:
	<input type="checkbox"/> No		<input type="checkbox"/> Moderate	
	<input type="checkbox"/> Severe			
Food:	<input type="checkbox"/> Yes	Severity:	<input type="checkbox"/> Mild	Comments:
	<input type="checkbox"/> No		<input type="checkbox"/> Moderate	
	<input type="checkbox"/> Severe			
Medications:	<input type="checkbox"/> Yes	Severity:	<input type="checkbox"/> Mild	Comments:
	<input type="checkbox"/> No		<input type="checkbox"/> Moderate	
	<input type="checkbox"/> Severe			

Bandages /Plastic adhesives:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments:
Animals:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments:
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments:

In the case of **extreme urgency**, when all effort has been made by the School to make contact with a parent / guardian, has the School permission to conduct the following to handle the care of your child:

• Call an Ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IMMUNISATION:

Please provide a copy of the child's current Australian Immunisation Register (AIR) Immunisation History Statement (myGOV) to the School (no more than 2 months old).

SECTION SEVEN: Fee Payer Details			
To enable us to send accounts to the responsible person/s, the School requires the following to be completed to know who the fee payer/s will be.			
Please note: If this section is not completed and signed, this application will not be processed. All signatories will be jointly and severally liable for the payment of all fees and charges.			
Sole Fee Payer – 100% of all fees:			
Full Name:		Relationship to Student:	
Signature:		Date:	
Split Fee Payers:			
	Fee Payer 1	Fee Payer 2	
Full Name:			
Relationship to Student:			
Percentage of Fee:	%	%	
Signature:			
Date:			

SECTION EIGHT: Religious Affiliation
Cobram Anglican Grammar School (the School)
The School is a Christian school that seeks to demonstrate and uphold Anglican teaching and practices. The School is part of the Anglican Schools Commission (Inc.). As such, there is an expectation that students will participate in the School's religious curriculum including its Religious Studies classes and Chapel Services.

SECTION NINE: Student Agreement

The School requires that Parents/Guardians go through each of the following points with their child so that a full understanding of the School's expectations of Students is understood by the Parents/Guardians and the Students.

On seeking enrolment at Cobram Anglican Grammar School, students will undertake:

- to make an honest and sustained effort to achieve my personal best in all my courses of study;
- to act at all times with respect towards School staff and other students;
- to follow **ALL** School policies, rules and regulations;
- to follow the Student Code of Conduct;
- to make a genuine attempt to complete all assignments, homework and tasks by the due date;
- to wear the full School uniform as and when prescribed, and adhere to all personal grooming regulations; and
- to do my best to attend all training sessions or rehearsals to which I have made a commitment.

Students will undertake not to be involved in:

- the possession or use, sale or distribution of illicit drugs, alcohol, tobacco or vaping while on or off campus, in School uniform or while attending a School function;
- vandalism of School property, such as defacing desks or walls and Public property, theft of school property or other property;
- bullying, teasing or intimidating other students physically, verbally or electronically, including social media, on or off campus;
- the use of offensive language or behaviour on or off campus; and
- the bringing or distribution of offensive literature or photographs into the School, in hard or digital copy.

SECTION TEN: Checklist

Before submitting this application, please:

- **Ensure that ALL sections of the Application for Enrolment are filled out, signed and dated.**
- (Please be aware we are unable to process enrolments if incomplete or the required documentation or payment is not received)

Please take special note of **Parent/Guardian Undertaking**.

Include the following: (if not already provided at the time of application)

Australian Citizen

- Copy of Birth Certificate or proof of Australian Citizenship.
- Copies of School Reports – past two years.
- Last NAPLAN (where appropriate).

Non-Australian Citizen – Includes Permanent Residents (PR) and Temporary Residents (TR)

- Passport – Personal Details page and Australian Visa page.
- Proof of residency.

Include the Australian Immunisation Register (AIR) Immunisation History Statement (IHS) (no more than 2 months old) *(This can be obtained from the Department of Human Services Centre)*

NB: an 'up to date' IHS must be provided to the School prior to the child's commencement at the School.

Ensure any Specialist reports for any learning difficulties or medical conditions are attached (if applicable)

Ensure any Court Orders are attached (if applicable)

SECTION ELEVEN: Consent / Authorisation

This application is not an assurance of enrolment for the student. Admission to the School is subject to satisfactory interview and possible wait lists at the time of application. In all cases, the School Principal makes the final decision as to whether an offer of enrolment is made. The Principal retains the discretion to offer places to ensure an academic and co-educational balance is maintained across the whole School.

In dealing with this application, it may be necessary for the School to look at documents held by previous educational institutions, health care professionals and/or other agencies. This information will be collected, used and stored consistent with legislative requirements.

Please read the following authorisations carefully. Queries regarding any of the below authorisations must be discussed with the Principal. Any alterations to these must be dated and initialed by Parents and the Principal

- ☐ I allow my son's/daughter's name and photograph/video to be used in School promotional publications, including in particular the Newsletter, the website, the School Magazine, and, as may be possible from time to time, the media, including the local paper. **NOTE:** Cobram Anglican Grammar School complies with the National Privacy Principles. The School has a Privacy Policy in conformity with the legislation.
- ☐ I consent to my child receiving medical treatment as may be deemed necessary by a medical professional or First Aid Officer, in the event that the school is unable to communicate with me directly.
- ☐ I consent to my child participating in official school activities to destinations by foot or bus within the local area of Cobram / Barooga, under the supervision of a teacher, during school time.
- ☐ I authorise Cobram Anglican Grammar School to collect information from any pertinent health care professions/and or other agencies as stated in Section Four of this enrolment application.
- ☐ I authorise Cobram Anglican Grammar School to obtain information from our child's previous school/preschool as may be required.

If there are any changes to Parent's occupation, address, telephone numbers, medical condition of the student, custody or any other relevant information you feel the School may need to know about, please notify us.

	Parent / Guardian	Parent / Guardian
Signature:		
Date:	___ / ___ / ___	___ / ___ / ___

LIST OF PARENTAL OCCUPATION GROUPS

Group A: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals

Elected officials (mayor parliamentarian, alderperson, trade union secretary, board member)

Senior executives/general managers/department heads in industry, commerce, media or other large organisation

- **Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)
- **Defence forces** (Commissioned Officer)

Qualified 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** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)
- **Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)
- **Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)
- **Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)
- **ICT** (computer systems manager, designer, software and applications programmers)
- **Science** (all scientists)
- **Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
- **Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
- **Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

Group B: Other business managers/professionals and associate professionals

Other business managers/professionals

- **Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
- **Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
- **Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)
- **Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
- **Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
- **Sportsperson** (coach, trainer, sports official, sportsperson)

Associate professionals generally have diploma/technical qualifications and support managers and professional

- **Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**
- **Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
- **Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
- **Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
- **Defence Forces** (senior non-Commissioned Officers [NCO])
- **Other** (library assistant, museum/gallery technician, research assistant, proof reader)

Group C: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

Tradespeople generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

Advanced/intermediate clerical, office, sales, carer and service staff

- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refugee/child care/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

Group D: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

Machine operators

- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

Sales office, hospitality staff and other assistants

- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

Defence Forces ranks below senior NCO

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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)