Enrolment Application for

FIRST NAME

MIDDLE NAME

SURNAME

Applying for level (eg. Yr 7) ______ in the year 20_____

Current family? ☐

INFORMATION IN THIS APPLICATION IS STRICTLY CONFIDENTIAL

Please ensure that ALL sections of this form are completed and return to:
The Registrar
Emmanuel College
P.O. Box 486
Warrnambool VIC 3280

OFFICE USE ONLY
Date received:_______________________
Confirmation sent:_____________________
Date entered:________________________
Data entered by:______________________
House allocated:______________________
Application fee paid:__________________
Enrolment Acceptance fee paid:_________
Family code:__________________________
Student code:__________________________
EMMANUEL COLLEGE: APPLICATION FOR ENROLMENT

ABOUT THIS ENROLMENT FORM

Please direct all enquiries to the College Registrar - registrar@emmanuel.vic.edu.au Ph (03) 5560 0895

Sections
A: DOCUMENTS REQUIRED
B: CONDITIONS OF ENROLMENT
C: STUDENT DETAILS
D: FAMILY DETAILS
E: PARENT GUARDIAN DETAILS
F: FEE PAYMENT
G: NON-RESIDENT PARENT DETAILS
H: EMERGENCY CONTACTS
I: ENROLMENT APPLICATION AND ACCEPTANCE FEES
J: PARISH SACRAMENT DETAILS
K: TRAVEL
L: ALLOWANCES
M: PHOTOGRAPH / VIDEO PERMISSION
N: DECLARATION
O: PARENTAL OCCUPATION DEFINITION

Entering information
Please enter all requested information. If a field is not applicable or relevant, enter a dash (-) and when an entire section is not applicable (eg. Non Resident Parent) diagonally cross (\) the entire section. Please enter current and concise information, avoiding abbreviations. Forms with incomplete information may not be processed.

A: DOCUMENTS REQUIRED to accompany this form

• a copy of your child’s Birth certificate
• a copy of Citizenship papers, Passport, Visa or travel documents for non-Australian resident or non-Australian born
• a copy of your child’s Baptismal certificate and first Eucharist certificates
• Custody and/or Court Order documents if applicable

for Year 7
• Naplan statement (to help identify learning difficulties/ strengths)

for Years 8-12
• a copy of your child’s current and previous year’s school reports

B: CONDITIONS OF ENROLMENT

Application for enrolment of your child at Emmanuel College means that you are choosing a Catholic education, which requires a commitment to support the vision and aims of the College and a willingness to cooperate in their implementation. Enrolment is provided in the following order:

• Siblings of currently enrolled
• Catholics from feeder and rural Primary Schools
• Other Catholics
• Non Catholic from Catholic Primary Schools
• Others at the discretion of the Principal

The Principal reserves the right to vary the application of the enrolment guidelines in special situations.

By signing the Enrolment Application Form, Parents (Carers) understand and agree to the following:-

• To respect and support the College’s Catholic Ethos, the celebration of mass and liturgies, reflection days and retreats
• To the conditions of attendance and to support the school’s policies as published on the College website and in the student diary.
• To pay all fees and student and College Levies as nominated and any other related costs required to do so. Should financial hardship prevent full payment of fees, contact will be made with the College Business Manager or Principal. All contact will be confidential.
• To pay all fees and levies and acknowledge fees and levies takes precedence over non compulsory camps and activities Eg. Rock to Reef, France, Japan trip, Presentation Ball etc.
• To give permission for student to participate in any local excursion within the town boundary organised by subject teachers in school hours.
• To ensure that all correspondence with College staff is undertaken in a polite and respectful manner.
• To consent to Naplan data and other relevant information including any Learning Assessments from previous Primary School in order to maximise student learning to be obtained.
• To consent to photos taken in events such as sports days, drama productions, social and camps which may be included in the College Annual, news items for newspapers and in promotional materials.
• To complete CareMonkey to ensure medical information and health alerts are current.

By signing the Enrolment Application Form, the Student understands and agrees:

• To comply with all College requirements regarding general appearance, wearing the correct College uniform with pride and avoiding extremes in hairstyles, colours and fashion.
• To attend all timetabled classes including extra curricula activities eg. Athletic and Swimming Sports, Camps and Retreats.
• To consent to photos taken in events such as sports days, drama productions, social and camps which may be included in the College Annual, news items for newspapers and in promotional materials.

The Principal reserves the right to cancel enrolment of any student whose behaviour or influence is regarded as harmful to the interests of other students and the College community.
C: STUDENT DETAILS

First Name: ____________________________________________ Middle Name/s: ____________________________________________

Surname: ____________________________________________ Sex: □ Male □ Female

Date of Birth: (copy of birth cert to be supplied) Country of Birth: ____________________________________________

Place of Birth: ____________________________ Religion: ____________________________________________

Student lives with (please tick): □ Both Parents □ Mother □ Father □ Guardian □ Other Living Arrangements
(Please provide details)

Victorian School No (VSN): ____________________________

Commencement Year (eg 2016): ________________ Year Level Commencing (eg Year 7): ____________________________

Current School: ____________________________________________ Town: ____________________________ Year Level: ____________

Nationality: Are you a Refugee or were you one anytime in the last 7 years? □ Yes □ No
(Please provide details)

Citizen Status: □ Australian Citizen □ Permanent Resident □ Exchange Student □ Temporary Resident

Date Arrived in Australia: ____________________________

Visa Sub Class Number: ____________________________ Passport Nationality: ____________________________

1st Australian School: ___________________________________ 1st Australian School Year: ____________________________

Does the student speak a language(s) other than English at home? □ Yes □ No
(If YES, please list)

________________________________________________________________________________________________

Do any Parenting Orders apply to your family? □ Yes □ No
If YES, please indicate type of order and provide copy
□ Resident Order □ Contact Order □ Specific Issues Order □ Access Restriction □ Parenting Order
□ Other (please provide details)

INDIGENOUS IDENTIFIER

Is the student Aboriginal / Torres Straight Islander? □ Yes □ No
If YES, please tick one: □ Aboriginal □ Torres Straight Islander □ Both Aboriginal and Torres Straight Islander

PLACE IN FAMILY

Write B or G in each square to indicate each boy and girl in the family, starting with the eldest. Draw a circle around the position of this student.

Oldest □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ Youngest

Sibling(s) currently attending Emmanuel College (if relevant):
Name: ____________________________________________ Year Level: _______________ House: ____________________________
Name: ____________________________________________ Year Level: _______________ House: ____________________________
Name: ____________________________________________ Year Level: _______________ House: ____________________________

Sibling(s) currently attending Primary School (if relevant):
Name of Primary School: ____________________________
Name: ____________________________________________ Year Level: _______________ Age: ____________________________
Name: ____________________________________________ Year Level: _______________ Age: ____________________________
Name: ____________________________________________ Year Level: _______________ Age: ____________________________

Sibling(s) who previously attended Emmanuel College (if relevant):
Name: ____________________________________________ Year Level: _______________
Name: ____________________________________________ Year Level: ____________________________

Please state briefly why you chose Emmanuel College for your child’s Education:

________________________________________________________________________________________________

________________________________________________________________________________________________
STUDENT’S MEDICAL DETAILS

Name of Student’s Doctor:__________________________________________  Anaesthetic:  □ Permission given  □ No permission

Address of Clinic:_____________________________________________________________________________________________

Phone Number:________________________________________

Has your daughter / son ever suffered from asthma?  □ Yes  □ No
Does your daughter / son have an asthma plan?  □ Yes  □ No
Does your daughter / son have Anaphylaxis (severe allergic reaction)  □ Yes  □ No  Allergic to:_____________________________________
My child has been prescribed an Adrenaline autoinjector (EpiPen®)  □ Yes  □ No  Expiry date:_____________________________________
(If you have ticked any of the above please provide details below:)

Has your daughter / son experienced any of the following conditions?

□ Diabetes  □ Glandular Fever  □ Back problems  □ Allergies
□ Epilepsy  □ Arthritis  □ Phobias  □ Physical disability
□ Other conditions

If you have ticked any of the above please provide details below:

_________________________________________________________________________________________________________

Please indicate any medication which your daughter / son is required to take regularly (at school):

_________________________________________________________________________________________________________

PLEASE NOTE: No Paracetamol can be administered to students by office / teaching staff.

Private Health Fund:________________________________________  Membership No: ___________________________________________

Medicare No: ___________________________________________  Ref No: ___________________  Expiry date: ___________________

Ambulance Cover:
All transport will be at the expense of the parent/s concerned if they are not covered by an Ambulance Subscription or holders of a Pensioner Concession Card, Health Care Card or Health Benefits Card.

□ Ambulance Subscription  Membership Number:_____________________________________
□ NO AMBULANCE COVER (Expense to be paid by parent/s)
□ Private Health Insurance covers Ambulance transport (please confirm this with your provider before ticking this box)

Do you hold one of the concession cards shown below?

□ Pensioner Concession Card holder
□ Health Care Card holder CRN _ _ _ _ _ _ _ _

LEARNING PROFILE

Has your daughter / son ever been diagnosed with a learning difficulty?

If YES, please provide any information that will help teachers to understand those particular needs:

_________________________________________________________________________________________________________

Does your daughter / son use a hearing device?  □ Yes  □ No

If YES, please indicate when he / she is to use the aid and if he / she requires any further classroom assistance:

_________________________________________________________________________________________________________

Aptitude, Behaviour etc:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
Has your child received, or is receiving, support from a Specialist Service?  □ Yes  □ No
If, YES, please indicate which service:
□ Optometrist       □ Psychiatrist       □ Speech Therapist
□ Psychologist      □ Occupational Therapist □ Other ________________________________
□ Permission given to Emmanuel College to access specialist Report in line with information provided above.

Has your daughter / son ever suffered from and been diagnosed by a medical professional with any of the following emotional conditions?:
□ Clinical Anxiety    □ Panic Attacks    □ Depression
□ Low Self Worth      □ Difficulty in making friends □ Eating Disorders
If you have ticked any of the above, or there is any other emotional condition of which the teachers who care for your daughter / son should be aware, please give details below:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Friends, Fears, Bereavement etc:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Parent request will be considered when allocating students Home Room but not guaranteed.

D: FAMILY DETAILS

FAMILY INFO AND CONTACT DETAILS

Family Surname: _____________________________________________________________________________________________
Contact Details:
Home: ____________________________________________________________________________________________________
Mobile: __________________________________________________________________________________________________
Business: __________________________________________________________________________________________________
Email: (required for fee statements / newsletters / P.T interviews)
_________________________________________________________________________________________________________

Residential address:
House / Flat / Unit No: ____________ Street name: ___________________________________________________________________
Town: ___________________________ Post Code: ___________________________

Mailing Details:
Mail to: (eg. Mr Peter & Mrs Jean Smith) ___________________________________________________________________________
If same as residential address, please leave blank
Postal Address: ______________________________________________________________________________________________
Town: ___________________________ Post Code: ___________________________
E: PARENT / GUARDIAN DETAILS

FATHER / GUARDIAN - RESIDING AT SAME ADDRESS

Title (eg. Mr, Dr): __________________________ First Name: _________________________________________________________

Middle Name/s: _________________________________________ Surname: _____________________________________________

Home Phone: __________________________________________ Mobile: ________________________________________________

Work Phone: __________________________________________

Email address (for Newsletter and PT interviews): ________________________________

Relationship: __________________________________________ Parental Guardian: □ Yes □ No Sex: □ Male □ Female

Occupation: ____________________________________________________________

Occupational Group (refer to page 10 for “List of Parental Occupation Definition”)

□ Group 1 □ Group 2 □ Group 3 □ Group 4 Employer: ___________________________________________________________

Country of birth: ___________________________ Nationality: _______________________ Religion: __________________________

Do you speak a language other than English at home? □ Yes □ No If YES, please list below:

____________________________________________________________________________________________________________

What is the highest year level of School Education you completed?

□ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent

What is the highest year of School Education you completed?

□ Bachelor Degree or above □ Diploma / Advanced Diploma □ Certificate I or IV (incl trade cert) □ No non-school qualification

MOTHER / GUARDIAN - RESIDING AT SAME ADDRESS

Title (eg. Mr, Dr): __________________________ First Name: _________________________________________________________

Middle Name/s: _________________________________________ Surname: _____________________________________________

Home Phone: __________________________________________ Mobile: ________________________________________________

Work Phone: __________________________________________

Email address (for Newsletter and PT interviews): ________________________________

Relationship: __________________________________________ Parental Guardian: □ Yes □ No Sex: □ Male □ Female

Occupation: ____________________________________________________________

Occupational Group (refer to page 10 for “List of Parental Occupation Definition”)

□ Group 1 □ Group 2 □ Group 3 □ Group 4 Employer: ___________________________________________________________

Country of birth: ___________________________ Nationality: _______________________ Religion: __________________________

Do you speak a language other than English at home? □ Yes □ No If YES, please list below:

____________________________________________________________________________________________________________

What is the highest year level of School Education you completed?

□ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent

What is the highest year of School Education you completed?

□ Bachelor Degree or above □ Diploma / Advanced Diploma □ Certificate I or IV (incl trade cert) □ No non-school qualification
**F: FEE PAYMENT**

**BILLING DETAILS:**

Please indicate the person responsible.

☐ Parents  ☐ Non-Resident Parent  ☐ Split or by special arrangement  ☐ Other (specify below)

Title (eg. Mr, Dr): _______________  First Name: ________________________________________________________________________

Middle Name/s: ________________________________________  Surname: _______________________________________________

Address: ___________________________________________________________________________________________________

Home Phone: ________________________  Mobile: _________________________  Email: ______________________________________

Relationship to Family: ____________________________________________________________

**Payment Methods** We have several methods of payment including Direct Debit, Credit Card, & B-Pay. We offer monthly payment or other payment terms may be accepted upon application to the Business Manager. Unless paying by one of these monthly payment methods then payment in full by the due date is always expected. Failure to pay or make arrangements will instigate recovery action by the College.

**Accounts** You will receive an account for the annual fees late February. A due date is set on the account statement.

**Change in Circumstances** If financial hardship prevents full payment of fees it is necessary to contact the Business Manager for a confidential appointment to discuss your circumstances. This should be done either prior to notification of enrolment acceptance or immediately after an event causing ongoing financial stress occurs. We encourage early communication regarding financial circumstances which will avoid any embarrassing follow up.

**G: NON-RESIDENT PARENT DETAILS**

☐ Father  ☐ Mother

Title (eg. Mr, Dr): _______________  First Name: ________________________________________________________________________

Middle Name/s: ________________________________________  Surname: _______________________________________________

Country Of Birth: ________________________  Religion: ______________________  Home Language: ____________________________

Address: ___________________________________________________________________________________________________

Home Phone: ________________________  Mobile: ______________________________________________________

Email address (for Newsletter and PT Interviews): _____________________________________________________________________________

Occupation: __________________________  Employer: __________________________  Work Phone: ____________________________

What is the highest year of School Education you completed?

☐ Year 12 or equivalent  ☐ Year 11 or equivalent  ☐ Year 10 or equivalent  ☐ Year 9 or equivalent

What is the highest year of School Education you completed?

☐ Bachelor Degree or above  ☐ Diploma / Advanced Diploma  ☐ Certificate I or IV (incl trade cert)  ☐ No non-school qualification

Occupational Group (refer to page 10 for “List of Parental Occupation Definition”)

MUST BE COMPLETED:

☐ Group 1  ☐ Group 2  ☐ Group 3  ☐ Group 4

**H: EMERGENCY CONTACTS**

**PLEASE NOTE:** Not to be the Student’s parent. Only Emergency Contacts that are listed will have permission to take the student from the College, unless otherwise advised by Note / Phone Call etc. Please ensure you provide Emergency Contacts from the local area, as they must be able to pick up the student if required.

**EMERGENCY CONTACT #1**

Title (eg. Mr, Dr): _______________  Given Name/s: ________________________________________________________________________  Surname: _______________________________________________

Relationship to Student: ____________________________________________________________

Home Phone: ________________________  Mobile: ______________________________________________________  Work Phone: ____________________________

**EMERGENCY CONTACT #2**

Title (eg. Mr, Dr): _______________  Given Name/s: ________________________________________________________________________  Surname: _______________________________________________

Relationship to Student: __________________________________________________________

Home Phone: ________________________  Mobile: ______________________________________________________  Work Phone: ____________________________
I: ENROLMENT APPLICATION AND ACCEPTANCE FEES

STEP 1: Submit an Application for Enrolment form and pay an application fee of $100. This fee is fully rebated - meaning that the $100 will be credited to your College fee account after the enrolment process is completed. In the event that a place is not able to be offered, (which is unlikely to affect any families with other children already at the College), the fee will be refunded. However in the event that you later change your mind and decide not to accept an offer of enrolment, the fee is non-refundable.

STEP 2: In order to accept a place that is offered, you need to pay a further $100 acceptance fee. This fee will also be credited to your College fee account and is also non-refundable should you decide that the student will not start school at Emmanuel College.

$100 Enrolment Application Fee
☐ Cash ☐ Cheque ☐ Credit Card

Card Holder’s Name: ________________________________ Card Type: ☐ Credit Card ☐ Mastercard

Card No.: ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ Expiry Date ___ / ___

J: PARISH / SACRAMENT DETAILS

Parish (in which student resides):
☐ Warrnambool ☐ Warrnambool East ☐ Port Fairy ☐ Koroit
☐ Dennington ☐ Warrnambool West ☐ Mortlake ☐ Other _____________________

Sacrament Date Received Parish Received
Baptism ___/___/___ ______________________________________
Reconciliation ___/___/___ ______________________________________
Eucharist ___/___/___ ______________________________________
Confirmation ___/___/___ ______________________________________

A COPY OF THE BAPTISM CERTIFICATE MUST BE PROVIDED

K: TRAVEL

Distance to School: _____________________ km

What is the most frequent method of travel this student will use to get to / from school:

To School: ☐ Walk ☐ Bicycle / Skateboard ☐ Car ☐ Bus

From School: ☐ Walk ☐ Bicycle / Skateboard ☐ Car ☐ Bus

L: ALLOWANCES

CONVEYANCE ALLOWANCE:
The Victorian Government provides financial assistance through the Conveyance allowance to eligible families to assist with the cost of transport for students to and from school via private car or bus who:
• travel more than 4.8km by private car to access a free school bus,
• reside more than 4.8km by the shortest practical route from school and pay to travel to and from school on a city bus, and
• are attending their closest government or non-government denominational school.

Do you believe you may be eligible for this allowance? ☐ Yes ☐ No

Please note: students who do not attend their nearest catholic school will be charged full bus fees.

CAMPS, SPORTS & EXCURSIONS FUND (CSEF):
The Victorian Government provides financial assistance through the Camps, Sports and Excursions Fund (CSEF) to eligible families who hold a valid concession card or are a temporary foster parent to assist with the costs of students attending camps, excursions, and sporting activities.

The allowance rate for Years 7 to 12 secondary school students currently is $225 per student per year. Payments are made to the school, and will be deducted from a family’s school fees.

Do you believe you may be eligible for this allowance? ☐ Yes ☐ No

Please note: CSEF eligibility will be subject to the parent/legal guardian’s concession card being successfully validated with the Centrelink on the first day of either Term 1 or Term 2.
M: PHOTOGRAPH/VIDEO PERMISSION

At certain times throughout the year, our students may have the opportunity to be photographed or filmed for our school publications, such as the school’s newsletter or website and social media, or to promote the school in newspapers and other media.

The Catholic Education Office Ballarat (CEOBOB) and Melbourne (CEOBM) and the Catholic Education Commission of Victoria Ltd (CECVO) may also wish to use student photographs/videos in print and online promotional, marketing, media and educational materials.

We would like your permission to use your child’s photograph/video for the above purposes. Please complete the permission form below.

I give permission for my child’s photograph/video and name to appear in publications such as:
College year book, the school newsletter, the school intranet, the school website, social media (eg. College App), promotional materials, newspapers and other media.

• I authorise the CEOBOB/CEOBM/CECV to use the photograph/video in material available free of charge to schools and education departments around Australia for the CEOBOB/CEOBM/CECV’s promotional, marketing, media and educational purposes.

• I give permission for a photograph/video of my child to be used by the CEOBOB/CEOBM/CECV in the agreed publications without acknowledgment, remuneration or compensation.

• I understand and agree that if I do not wish to consent to my child’s photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

Licensed under NEALS: The photograph/video may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of Parent / Guardian  (please circle) ______________________________________________________  Date: ____________________________________

Signed: Parent/Guardian ______________________________________________  Date: ____________________________________

If Student is aged 15+, student must also sign:

Name of Student ____________________________________________________  Date: ____________________________________

Signed: Student ____________________________________________________  Date: ____________________________________

Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).

N: DECLARATION

This Enrolment Application Form is a legally binding document. Signing the form is your acceptance of the terms and conditions of the College. This includes payment of school fees. Please be aware that whoever signs the enrolment form is the person legally responsible. It is recommended that regardless of marital status, both parents sign the form.

We, the undersigned, understand and agree to the Conditions of Enrolment to Emmanuel College.

Father ______________________________   Date ________________

Mother _____________________________   Date ________________

Student _____________________________   Date ________________

Privacy Policy
This Application form is treated as a confidential document and personal information you provide will be used for College purposes only. The information will not be supplied to any other party other than the Catholic Education Office who require information for census purposes. The College Privacy Policy is available on the College website.
Parental Occupation is defined as the main work undertaken by the parent/guardian. If a parent/guardian has more than one job, report their main job.

**Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals**
- **Senior executive/manager/department head** in industry, commerce, media or other large organisation.
- **Public service manager** (Section head or above), regional director, health/education/police/fire services administrator.
- **Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director).
- **Defence Forces** Commissioned Officer.

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

1. **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.

1. **Group 3: Tradesmen /women, clerks and skilled office, sales and service staff**
   - **Tradesmen/women** generally have completed a 4 year trade certificate, usually by apprenticeship. All tradesmen/women are included in this group.
   - **Clerks** (bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk).

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

1. **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, kitchenhand, 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/aid** (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).
Administration and McAuley Campus
37 Ardlie Street, Warrnambool
(Visitor entry in Botanic Road)

Rice Campus
47 Canterbury Road, Warrnambool

Postal address: Po Box 486 Warrnambool 3280
Phone: (03) 5560 0888
Email: registrar@emmanuel.vic.edu.au
Web: www.emmanuel.vic.edu.au
Twitter: EmmanuelColl