

EMMANUEL COLLEGE

WARRNAMBOOL Sharing Faith, Hope & Love

Application for Enrolment

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**

CURRENT AS OF DECEMBER 2020

Please ensure that ALL sections of this form are completed by the Parent or Guardian and return to:

The Registrar
Emmanuel College
P.O. Box 486
Warrnambool VIC 3280

OFFICE USE ONLY

Date received: _____

Application fee paid: _____

Enrolment Acceptance fee paid: _____

Date entered: _____

Data entered by: _____

Confirmation sent: _____

House allocated: _____

Family code: _____

Student code: _____

This school community promotes the safety, wellbeing and inclusion of all students.

Email: registrar@emmanuel.vic.edu.au **Phone:** (03) 5560 0888

Postal address: P.O. Box 486, Warrnambool, Victoria 3280 **Administration Office:** 140 Botanic Road, Warrnambool

ABOUT THIS ENROLMENT FORM

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

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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 (X) the entire section. Please enter current and concise information, avoiding abbreviations. Forms with incomplete information may not be processed.

Disclaimer: 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.

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
- Any Specialist or educational reports

for Year 7

- Grade 5 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
- Naplan Statement

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 children currently enrolled in the school
- Baptised Catholic children from Catholic feeder primary schools
- Baptised Catholic children from rural schools
- Other Catholics (interstate/regional Victoria/Melbourne)
- Other faiths children from Catholic feeder 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/Guardians/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 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 extra curricular camps and activities
Eg. Interstate trips, overseas study tours, immersions, social events etc.
- In accordance with the College's Fee Policy, should a student exit the College four weeks notice is required prior to the end of term to ensure a full terms credit is applied. This notice period ensures that the College's staffing levels are accurate to responsibly manage the College's budget.
- Have read and agree to the Mercy Education Parent Code of Conduct.
- 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 School in order to maximise students learning to be obtained.
- To complete Operoo 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, Masses and Retreats.

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: _____ Preferred first name: _____ Gender: Male Female
 other
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 Step Mother Father Step Father
 Guardian Other Living Arrangements

(Please provide details) _____

Home Address of Student - Street Number and name: _____

Suburb: _____ Post Code: _____ Home phone: _____

Victorian School No (VSN): _____ (Office Use Only)

Commencement Year (eg 2021): _____ 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) _____

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) _____

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS

Please tick the relevant category below and record the visa subclass number as per government requirements:
(original documents to be sighted and copies to be retained by Emmanuel College)

Australian citizen not born in Australia:

Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)

Australian Passport Number: _____

Naturalisation Certificate Number: _____

Visa Subclass recorded on entry to Australia: _____

Date of Arrival in Australia: _____

Not currently an Australian citizen, please provide further details as appropriate below:

Permanent resident - Visa Subclass number: _____

Temporary resident - Visa Subclass number: _____

Other/visitor/overseas student - Visa Subclass number: _____

HOME CARE ARRANGEMENTS

Living with immediate family Out-of-home care

Carer/guardian Shared parenting e.g. one week with each parent:

Days with Parent A/Guardian 1: _____

Days with Parent B/Guardian 2: _____

Kinship care Other (please specify) _____

INDIGENOUS IDENTIFIER

Is the student of Aboriginal or Torres Strait Islander origin? No Yes Aboriginal Yes Torres Strait 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

Siblings currently attending Emmanuel College (if relevant):

Name: _____ Year Level: _____ House: _____

Name: _____ Year Level: _____ House: _____

Name: _____ Year Level: _____ House: _____

Siblings currently attending Primary School (if relevant):

Name of Primary School: _____

Name: _____ Grade: _____ D.O.B: _____

Name: _____ Grade: _____ D.O.B: _____

Name: _____ Grade: _____ D.O.B: _____

Siblings who previously attended Emmanuel College (if relevant):

Name: _____ Exit Year: _____ Exit Year Level: _____

Name: _____ Exit Year: _____ Exit Year Level: _____

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

STUDENT'S MEDICAL DETAILS

Name of Student's Doctor: _____ Anesthetic Permission given No permission

Address of Clinic: _____

Phone Number: _____

Has your child ever suffered from asthma? Yes No

Does your child have an asthma plan? Yes No

Does your child have Anaphylaxis (severe allergic reaction) Yes No Allergic to: _____

My child has been prescribed an Adrenaline auto-injector (EpiPen®) Yes No Expiry date: _____

(Please supply anaphylaxis plan)

Has your child experienced any of the following conditions?

- Diabetes Glandular Fever Back problems Allergies
 Epilepsy Arthritis Phobias Other conditions

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

Please indicate any medication which your child 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.

Please tick one of the following boxes to indicate the ambulance cover applicable to this student:

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 child received any extra support with their learning during Primary School education? Yes No

Modified Programs (Emu, Toe by Toe, ERIK, Multi Lit)

Extra funding for Learning Support Officer/Aide

Have you been on an PLP/ILP Individual Learning Plan?

If YES, please provide supporting reports

Psychological Report

Speech Assessments

Educational Assessments

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:

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes No

Does your child present with:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Autism (ASD) | <input type="checkbox"/> Behavioural concerns | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Intellectual disability / developmental delay |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Oral language/
communication difficulties | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Acquired brain injury |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Other condition _____ |

STUDENT'S SOCIAL AND EMOTIONAL PROFILE

Has your child received, or is receiving, support from a Specialist Service? Yes No

If, YES, please indicate which service and provide supporting reports:

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Auditory Report (Hearing) |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Other _____ | |

Has your child ever suffered from and been diagnosed by a Paediatrician with any of the following emotional conditions?:

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinical Anxiety | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Low Self Worth | <input type="checkbox"/> Difficulty in making friends | <input type="checkbox"/> 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 child should be aware, please give details below:

Friends, Fears, Bereavement etc:

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

PREVIOUS SCHOOL PERMISSION

Name and address of previous school _____

I/We give permission for Emmanuel College to contact the students previous school and gather relevant reports and information to support educational planning: Yes No

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 / CARER DETAILS

PARENT 1 / GUARDIAN / CARER - RESIDING AT SAME ADDRESS

Title (eg. Mr, Dr): _____ First Name: _____

Middle Name/s: _____ Surname: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Email address (for Newsletter and P.T interviews): _____

Relationship: _____ Parental Guardian: Yes No Gender: Male Female
 other

Occupation: _____

Occupational Group (refer to page 11 for "List of Parental Occupation Definition")

MUST BE COMPLETED:

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 Secondary Schooling you completed?

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or below

What is the highest qualification you completed?

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

ALUMNI

I am a past Student of Emmanuel College I am a past Student of C.B.C / St. Ann's

Maiden Name if applicable: _____

PARENT 2 / GUARDIAN / CARER - RESIDING AT SAME ADDRESS

Title (eg. Mr, Dr): _____ First Name: _____

Middle Name/s: _____ Surname: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Email address (for Newsletter and P.T interviews): _____

Relationship: _____ Parental Guardian: Yes No Gender: Male Female
 other

Occupation: _____

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

MUST BE COMPLETED:

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 Secondary Schooling you completed?

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or below

What is the highest qualification you completed?

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

ALUMNI

I am a past Student of Emmanuel College I am a past Student of C.B.C / St. Ann's

Maiden Name if applicable: _____

F: FEE PAYMENT

BILLING DETAILS

Please indicate the person(s) responsible.

<input type="checkbox"/> Joint %	<input type="checkbox"/> Mother %	<input type="checkbox"/> Father %	<input type="checkbox"/> Guardian %	<input type="checkbox"/> Non-Resident Parent %	<input type="checkbox"/> Split or by special arrangement (specify below)	<input type="checkbox"/> Other (specify below)
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(% of fee responsibility)

Title (eg. Mr, Dr): _____ First Name: _____

Middle Name/s: _____ Surname: _____

Address: _____ Town: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

Relationship to Family: _____

Title (eg. Mr, Dr): _____ First Name: _____

Middle Name/s: _____ Surname: _____

Address: _____ Town: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

Relationship to Family: _____

Payment Methods We have several methods of payment including Direct Debit, Credit Card, & B-Pay.

We offer weekly, fortnightly and monthly payment options. Unless paying by one of these 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 by 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.

Accounts referred to a Collection Agency or Solicitor may have all legal costs and commission added to the amount.

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 level of Secondary Schooling you completed?

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or below

What is the highest qualification you completed?

Bachelor Degree or above Diploma / Advanced Diploma Certificate I or IV (incl trade cert) No post-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 (NOT TO BE THE PARENT)

Title (eg. Mr, Dr): _____ Given Name/s: _____ Surname: _____

Relationship to Student: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

EMERGENCY CONTACT #2 (NOT TO BE THE PARENT)

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, 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	__/__/__	_____
Confirmation	__/__/__	_____
Eucharist	__/__/__	_____
Reconciliation	__/__/__	_____

**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 Car Bus

From School: Walk Bicycle 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, or
- 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, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Catholic Education of Ballarat (CEOB), Mercy Education Limited (MEL) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

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

Student's Full Name: _____ Year Level: _____

• I give permission for my child's: name, photograph and recording to be published by the school on/in the school website, social media, promotional materials, newspapers and other media, College Year Book.

Yes No

• I authorise CEOB, MEL and the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEOB, MEL and the CECV's promotional, marketing, media and educational purposes.

• I give permission for a photograph/recording of my child to be used by the school/CEOB, MEL and the 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/recording 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/recording 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): _____

Signed: (parent/guardian) _____ Date: _____

If the student is aged 15+, they may also sign:

Signed: (student) _____ Date: _____

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

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.

Parent 1/Guardian/Carer Name _____

Signature _____ Date _____

Parent 2/Guardian/Carer Name _____

Signature _____ Date _____

Student Name _____

Signature _____ Date _____

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

This form requires signatures of:

- the student, if they are over 15 and living independently
- any parent as defined in the Family Law Act 1975

Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.

- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the College
- an informal carer, with a statutory declaration. Carers:
 - may be a relative or other carer
 - have day-to-day care of the student with the student regularly living with them
 - may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Note: Secondary students may complete parts of the form and co-sign.

Disclaimer: Personal information will be held, used and disclosed in accordance with the College's Privacy Collection Notice and Privacy Policy available on the College website: www.emmanuel.vic.edu.au

Child Safe Statement: Catholic school communities have a moral, legal and mission-driven responsibility to create nurturing school environments where children are respected, their voices are heard, and where they are safe and feel safe. Mercy Education has a zero tolerance to child abuse.

O: PARENTAL OCCUPATION DEFINITION

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.

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

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/refugee/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]

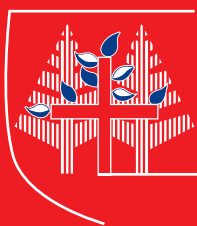
Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

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, green-keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, store-man guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]



EMMANUEL COLLEGE

WARRNAMBOOL Sharing Faith, Hope & Love

Administration and McAuley Campus

140 Botanic Road, Warrnambool

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