



# ST JOSEPH'S COLLEGE

PEACE THROUGH JUSTICE

Doyle Drive / PO Box 246, Banora Point 2486  
 Phone: 07 5524 9002 / Fax: 07 5524 9272  
 Web: www.sjctweed.org  
 Email: sjcbanora@lism.catholic.edu.au

## ENROLMENT APPLICATION

For \_\_\_\_\_

Academic Year \_\_\_\_\_ for the year 20\_\_\_\_\_

Please attach  
photo here

This form is an **application only** (acceptance of this form does not imply acceptance of enrolment)

### APPLICATION PROCESS

All sections should be completed and returned to the College together with:

- \$55.00 enrolment application fee (cheque made payable to St Joseph's College)
- Photocopies of all of the following certificates (if applicable): Baptism, Confirmation and Eucharist
- Photocopies of the two most recent school reports
- Photocopy of the most recent NAPLAN results
- Photocopy of Birth Certificate

Please note, original certificates will need to be produced during the interview process

### PLEASE PRINT ALL DETAILS

**Please Note: The shaded areas of this form are part of a National Data Collection required by Australian Department Ministers.**

### FAMILY INFORMATION

**Mailing Title** \_\_\_\_\_

(Title to be used for correspondence eg: Mr & Mrs J A Smith, Ms P H Jones)

**Residential Address** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

(If different from above)

**Home Phone** \_\_\_\_\_

**Residential Structure** \_\_\_\_\_

(eg: married, divorced, defacto, widower, single)

### STUDENT INFORMATION

**Christian Names** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Sex**  Male  Female **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Please tick

**Country of Birth** \_\_\_\_\_

**Nationality** \_\_\_\_\_

If the student wasn't born in Australia, is the student a Permanent Resident  or Australian Citizen   
 (please provide documentation)

**Main Language Spoken at Home** \_\_\_\_\_

**Other Language** \_\_\_\_\_

**Current School** \_\_\_\_\_

**Previous Schools** (include years of attendance) \_\_\_\_\_

**Religion** \_\_\_\_\_

**Parish** \_\_\_\_\_

**Sacraments Received**

Baptism \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reconciliation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Confirmation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eucharist \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Aboriginal/Torres Strait Islander?** No  Yes  If **YES**, please tick one below

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

## MEDICAL DETAILS

Doctor's Name \_\_\_\_\_ Medical Practice \_\_\_\_\_

Doctor's Phone \_\_\_\_\_ Medicare Number \_\_\_\_\_

Private Health Fund \_\_\_\_\_ Health Fund Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

**Asthma** No  Yes  \_\_\_\_\_  
If **YES**, medication required \_\_\_\_\_

**Allergies** No  Yes  \_\_\_\_\_  
If **YES**, please list any known allergies, eg nuts, penicillin, bee stings and include specific details \_\_\_\_\_

**Diabetic** No  Yes  \_\_\_\_\_  
If **YES**, specific type and any medication required \_\_\_\_\_

**Anaphylaxis** No  Yes  If **YES**, does the student have an EpiPen? No  Yes

**Other Medical Problems** \_\_\_\_\_  
Please specify (disabilities, physical activity restrictions, recent surgery, etc) \_\_\_\_\_

### Immunisations

Please tick

Measles/Mumps	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Rotavirus	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Polio	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Haemophilus Influenza type B (Hib)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Rubella	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Pneumococcal disease	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Tetanus/Diphtheria	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Chickenpox	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Whooping Cough	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Human Papillomavirus	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Hepatitis B	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Meningococcal	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Last Tetanus injection _____				

## SPECIAL NEEDS OF STUDENT

Indicate whether the student applying has any known or suspected **Special Needs**

Physical Needs No  Yes  Educational Needs No  Yes   
Behaviour Needs No  Yes  Other Special Needs No  Yes

If you have answered **yes** to any of the above, please provide full details of those needs and any intervention/support that he/she may be currently receiving. (**Supporting documentation must be provided**)

Does your child require any special provisions to be made by the College, eg medication (including daily dosage)

## RELEVANT PREVIOUS HISTORY

The Lismore Diocese has a responsibility to assess and manage any risk of harm to its staff and students. To your knowledge, is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to the student, other students, or staff at this school?

No  Yes  If yes, please provide a brief history \_\_\_\_\_

Has the student had any past history of violent behaviour either inside or outside the school setting?

No  Yes  If yes, please give details \_\_\_\_\_

Did this involve being suspended or expelled from any previous school No  Yes

If yes, was this for?

- a. Actual violence to any person      No       Yes
- b. Illegal drugs      No       Yes
- c. Possession of a weapon or any item used to cause harm or injury      No       Yes
- d. Threats of violence      No       Yes
- e. Intimidation, bullying (including verbal) or harassment of staff or students      No       Yes

Has there been any serious disruption to continuity of schooling for any other reasons?

No       Yes       If yes, please give details \_\_\_\_\_

Has your child ever been assessed by a specialist service, eg School Counsellor, Child & Family Health Psychologist, other health professionals or any other relevant bodies that have knowledge of any issues mentioned previously?

No       Yes       If yes, please give details \_\_\_\_\_

**CONTACT INFORMATION – FATHER/GUARDIAN – Residing at same address**

**Full Name** \_\_\_\_\_ **Title** (eg Mr) \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Group 1**  **Group 2**  **Group 3**  **Group 4**

**Employer** \_\_\_\_\_ Please tick the Occupational Group (refer to Parental Occupations list)

School Education	Highest Qualification	
Year 12 <input type="checkbox"/>	Bachelor Degree or above <input type="checkbox"/>	Country of Birth _____
Year 11 <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Nationality _____
Year 10 <input type="checkbox"/>	Certificate I to IV <input type="checkbox"/>	Religion _____
Year 9 <input type="checkbox"/>	No Non-School Qualification <input type="checkbox"/>	Main Language Spoken at Home _____

(or equivalent or below)

**CONTACT INFORMATION – MOTHER/GUARDIAN – Residing at same address**

**Full Name** \_\_\_\_\_ **Title** (eg Mrs, Ms, Miss) \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Group 1**  **Group 2**  **Group 3**  **Group 4**

**Employer** \_\_\_\_\_ Please tick the Occupational Group (refer to Parental Occupations list)

School Education	Highest Qualification	
Year 12 <input type="checkbox"/>	Bachelor Degree or above <input type="checkbox"/>	Country of Birth _____
Year 11 <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Nationality _____
Year 10 <input type="checkbox"/>	Certificate I to IV <input type="checkbox"/>	Religion _____
Year 9 <input type="checkbox"/>	No Non-School Qualification <input type="checkbox"/>	Main Language Spoken at Home _____

(or equivalent or below)

**EMERGENCY CONTACTS** (Preferably persons other than parents residing with the student and who live nearby)

**Emergency Contact Person 1** Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Sex Male  Female  Please tick

Residential Address \_\_\_\_\_

Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Emergency Contact Person 2** Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Sex Male  Female  Please tick

Residential Address \_\_\_\_\_

Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**NON RESIDENTIAL PARENT / GUARDIAN** (If applicable)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Residential Address \_\_\_\_\_

Post Code \_\_\_\_\_

Postal Address \_\_\_\_\_  
(If different from above)

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Group 1  Group 2  Group 3  Group 4

Employer \_\_\_\_\_ Please tick the Occupational Group (refer to Parental Occupations list)

School Education	Highest Qualification	
Year 12 <input type="checkbox"/>	Bachelor Degree or above <input type="checkbox"/>	Country of Birth _____
Year 11 <input type="checkbox"/>	Advanced Diploma/Diploma <input type="checkbox"/>	Nationality _____
Year 10 <input type="checkbox"/>	Certificate I to IV <input type="checkbox"/>	Religion _____
Year 9 <input type="checkbox"/>	No Non-School Qualification <input type="checkbox"/>	Main Language Spoken at Home _____

(or equivalent or below)

Would you like this non residential parent to be listed as an emergency contact: No  Yes

Should this parent receive: School Reports No  Yes  Newsletters No  Yes

**SPECIAL CIRCUMSTANCES**

Are there any Court Orders/AVOs that have been issued in relation to the enrolling student?

No  Yes  (If you have ticked yes, copies of supporting documentation must be provided)

Please give details of any special family circumstances or other relevant information

\_\_\_\_\_  
\_\_\_\_\_

**FEES INFORMATION**

Fees Accounts to be sent to: Parents/Guardians – as per residential address  Postal address

Or: Non Residential Parent/Guardian – as per residential address  Postal address

## **OTHER CHILDREN IN THE FAMILY**

	<b>Name</b>	<b>Date of Birth</b>	<b>If at School, School Name</b>	<b>Year Level</b>
Child 1				
Child 2				
Child 3				
Child 4				

## **PARENT / GUARDIAN DECLARATION**

*If my child is enrolled at St Joseph's College I will abide by the following **Conditions of Enrolment**:*

**CONSENT TO ACCESS DOCUMENTATION:** I/we consent to St Joseph's College and the Catholic Education Office gaining access to relevant information about the student to be enrolled held by previous schools, health care professionals or other government agencies.

**SCHOOL RULES:** Parents agree to be bound by the rules of the College and undertake to ensure that their daughter/son complies at all times with the policies, responsibilities and code of behaviour stipulated by the College for its students. Parents undertake to support the decisions of the Principal in relation to required conduct. Parents support the College in its expectation that all students wear the correct school uniform and maintain it in a neat and tidy manner at all times. Parents acknowledge that the Principal has the right to cancel this enrolment before or after acceptance of their daughter/son for disciplinary reasons.

**WITHDRAWAL OF STUDENTS:** Parents agree to give one term's notice in writing of their intention to withdraw their daughter/son from the College. A sign out form must be completed by the student which includes the return of textbooks and the laptop.

**FEES:** Both parents and/or guardians agree to pay fees as indicated in the fees information. Unless prior arrangements have been agreed to by the Parish School Fees Manager, parents agree to pay all fees and other charges by the dates stipulated on the school fee accounts. Parents who do not give at least a term's notice for the termination of an enrolment will be liable to a fee equivalent to one term's fees.

**RELIGIOUS LIFE OF THE SCHOOL:** If this enrolment is accepted I/we agree to support our child's participation in the religious life of the College (eg liturgies, retreat programs).

**EMERGENCY:** In the event of a medical or other emergency arising, in which the Principal or delegated staff member considers it impossible or impracticable to communicate with the parents or guardians of the student, the Principal (or delegated staff member) is authorised to act as is thought necessary or expedient. The Principal and the College and their agents shall not be liable for any reasonable action taken in that event.

**OFFER AND ACCEPTANCE:** Upon submission of this application form, the applicant will be placed on a waiting list. Places will be offered to successful applicants following interviews and subject to approval by the Principal.

**PRIVACY POLICY:** I/We give permission for the publication, electronically or in print, of any school-related material by or about our child, including photographs. It is acknowledged that such material is used regularly in publications by the College to communicate and promote events, as per the College Privacy Policy. Publications include Newsletters, the Prospectus, Magazines, newspaper articles and the College website.

*If this application is accepted, I/we jointly agree to the conditions of enrolment as set out above. Further, I/we declare that all of the information provided in this application is, to the best of my/our knowledge, true. I also declare to keep the school informed of any changes relating to the above, when they occur (including change of address, court orders, etc).*

Both parents/guardians to sign (if applicable)

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

### **RECORD OF INTERVIEW**

Interview Date \_\_\_\_\_ Time \_\_\_\_\_ Interviewer \_\_\_\_\_

Relevant Information from interview \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE** Application Fee Receipt Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Commencement \_\_\_\_\_ Family Number \_\_\_\_\_ Student Number \_\_\_\_\_

Enrolment Terminated \_\_\_\_\_ Letter Received \_\_\_\_\_ Destination School \_\_\_\_\_

## **OTHER INFORMATION**

### **SPORT CARNIVALS**

***The annual Swimming Carnival and Athletics Carnival are compulsory College events and by enrolling my child I give permission for my child to be involved in both of these events. I am aware that it may involve travel away from the College, by bus, private vehicle and / or walking, and include water activities.***

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

### **SPORT AND PE PROGRAM**

***I give permission for my son/daughter to be involved in St Joseph's College's Sport Program. I am aware that it may involve travel away from the College, by bus, private vehicle and / or walking, and include water activities. Further details can be obtained from the College if required.***

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

### **PASTORAL PROGRAM**

From time to time activities as part of the pastoral program, for example Reflection Days and Masses, may involve travel away from the school grounds. ***I give permission for my child to travel away from the College by bus, private vehicle and / or walking.***

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

### **EXCURSIONS AND PAYMENTS**

From time to time as part of the curriculum at St Joseph's College it is beneficial for students to go on excursions. Excursion notes which include permission notes and medical information will be given to students. The permission note along with payment for excursions needs to be returned two weeks prior to an excursion taking place. ***I am aware that my child may travel away from the College by bus or private vehicle to attend excursions and agree to pay the required amount by the due date.***

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

### **LOCAL EXCURSIONS**

From time to time it is beneficial to use local facilities and amenities to enhance our curriculum. In these cases the students walk to these areas. ***I give permission for my child to walk to various locations in the local vicinity for curriculum activities.***

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

### **LEARNING TECHNOLOGY RESOURCES**

Learning technology resources are made available to all students at St Joseph's College to enhance their learning experiences. ***I confirm that I have read the enclosed information regarding the 1:1 Laptop Program.***

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

## **PRIVACY / COLLECTION NOTICE**

1. St Joseph's College and the Diocese of Lismore collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the school. The primary purpose of collecting this information is to enable the school to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the school to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include public health and child protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, the Catholic Education Office, the Catholic Education Commission, the Diocese of Lismore, the parish, medical practitioners and people providing services to the school, including specialist visiting teachers, coaches and volunteers.
6. The school from time to time may also collect and disclose personal and sensitive information about current or prospective students to others if it is required to satisfy the school's legal obligations under Part 5A of the *Education Act 1990* (NSW).
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in media articles, College newsletters, magazines and on our website.
8. Schools may also disclose information under public health and child protection laws or in circumstances where there is a serious threat to an individual's life, health or safety.
9. Parents may seek access to personal information collected about them and their son/daughter by contacting the College Principal. Pupils may also seek access to personal information 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, where access may result in a breach of the College's duty of care to the pupil or where pupils have provided information in confidence.
10. As you may know the College from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. We may include your contact details in a class list and College directory. If you do not agree to this you must advise us now.
12. If you provide the College 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 College and why, that they can access that information and that the College does not usually disclose the information to third parties.
13. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.

I/we have read the above - both parents/guardians to sign (if applicable)

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 1 Please Print

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian 2 Please Print

## **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.

If the person is not currently in **paid** work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.

If the person has not been in **paid** work in the last 12 months, enter '**8**' in the appropriate box.

### **Group 1: Senior Management in large business organization, government administration and defence, and qualified professionals**

**Senior executive/manager/department head** in industry, commerce, media or other large organization.

**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, 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, 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/aide** (trade's 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 part attendant, crossing supervisor)