

CONFIDENTIAL ENROLMENT FORM

This form must be completed by a parent or guardian who has parental responsibility in relation to the child. A brief explanation of 'parental responsibility' is contained at the end of this form. The Education and Care Services National Regulations 2011 requires an approved provider to keep an enrolment record for each child containing the prescribed information in Regulations 160 to 162. Questions marked with an asterisk * are **NOT** required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

CHILD'S NAME _____

EDUCATION & CARE SERVICE DETAILS _____

Name of Service _____ Enrolment Date ____ / ____ / ____

Child's Group _____ *Commencement Date ____ / ____ / ____

Service Review Date/s ____ / ____ / ____

DEFINITIONS

Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a parent or family member* to collect the child from the Education and Care Service or the family day care educator (Education and Care Services Nation Law - Section 170(5)).

Family Member/s

'Family Member' as defined in the Education and Care Services National Law 2010; Section 5 'family member' in relation to a child, means -

(a) a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or

(b) a relative of the child according to Aboriginal or Torres Strait Islander tradition; or

(c) a person with whom the child resides in a family-like relationship; or

(d) a person who is recognised in the child's community as having a familial role in respect of the child.

Parental Responsibility

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children".

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Confidentiality of Enrolment Records

The approved provider of the Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

Approved Providers are reminded of their requirement to comply with the Privacy Act/s relevant to their State / Territory Jurisdiction in the collection, use and disclosure, storage and disposal of information.

Checklist

Please return this form to your Education and Care Service along with copies of:

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Legal Order (where applicable) |
| <input type="checkbox"/> Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) | <input type="checkbox"/> Medical Management Plan (Anaphylaxis, Asthma or other, where applicable) |

CHILD INFORMATION

Questions marked with an asterisk * are NOT required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

Family Name _____ Date of Birth _____ / _____ / _____

Given Names _____ Gender Male Female Not Disclosed

*Preferred Name _____

CHILD'S ADDRESS

No. & Street _____

Suburb _____

State _____ Postcode _____

*Phone Number _____

*Child CRN _____

Customer Reference Number (CRN) from the Family Assistance Office (www.servicesaustralia.gov.au or 136150).

- *Is the child of Aboriginal and/or Torres Strait islander origin? (please tick)
- No, not Aboriginal or Torres Strait Islander
 - Yes, Aboriginal
 - Yes, Aboriginal and Torres Strait Islander
 - Yes, Torres Strait Islander

*Country of Birth _____ *Religion _____

Language spoken at child's home _____

Cultural background of the child and, if applicable, the child's parents _____
 Any special considerations for the child (e.g. any cultural, religious or dietary requirements or additional needs) _____

*Any other person(s) living in the child's home (eg grandparents, step-parents)

Name	Known to the child as	Relationship to the child
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Age and Gender of Child's Brothers and Sisters (if applicable)

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD'S HEALTH INFORMATION

Questions marked with an asterisk * are NOT required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

Registered Medical Practitioner/Medical Service Name _____

Registered Medical Practitioner/Medical Service Address _____

Registered Medical Practitioner/Service Phone Number _____

Maternal & Child Health (MCH) Centre _____ *MCH Contact Name _____

*Dentist Name _____ *Dentist Phone Number _____

Medicare No _____ Expiry Date ____/____/____

*Healthcare Card No _____ Expiry Date ____/____/____

Do you have Ambulance Cover OR Private Health Insurance (Inclusive of Ambulance Cover)? Yes No

If YES, Membership No _____ Expiry Date ____/____/____

*Is the child currently attending or has previously attended:

<input type="checkbox"/> Counsellor/Psychologist	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> Specialist	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Dietitian
<input type="checkbox"/> Other		

If yes, please provide details: _____

CHILD'S IMMUNISATION STATUS

Has the child been immunised? (Reg. 162 (f)) Yes No

If YES, provide the details by attaching a copy of the Immunisation History Statement from the Australian Childhood Immunisation Register (AIR).

For every child enrolled after 28 February 2018, a copy of an Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) must be provided and is the only form of evidence that can be used to show your child's vaccinations are up to date for their age.

- It must show that the child:
- is up to date with vaccinations for their age OR
 - is on a recognised vaccine catch-up schedule OR
 - has a medical condition preventing them from being fully vaccinated.

- You can get an updated statement from the Australian Immunisation Register:
- online – through MyGov once an account has been created
 - Medicare Express Plus App – once a MyGov account has been created
 - over the counter – at a Medicare Service Centre
 - by phone – call the Australian Immunisation Register on 1800 653 809
 - by asking your GP/immunisation nurse if they can print the statement (note, not all immunisation providers can do this).

Immunisation History Statement from the Australian Childhood Immunisation Register (AIR) attached

Period of Exclusion
 In some cases when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council.
 The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>

CHILD'S MEDICAL INFORMATION

Questions marked with an asterisk * are NOT required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

ANAPHYLAXIS (Reg. 162 (c) (ii) & (d))

- Has your child been diagnosed as at risk of anaphylaxis? Yes No
- Does your child have a auto injection adrenaline device (EpiPen® or Anapen®)? Yes No
- If your child has an auto injection adrenaline device, have you supplied the device to the service with a valid expiry date? Yes No
- Has the anaphylaxis medical management plan completed by a medical practitioner been provided to the service? Yes No
- Has a risk management plan been completed by the service in consultation with you? Yes No
- Does your child have dietary requirements related to their Anaphylaxis? Yes No

If yes, please provide a list of allergens. _____

Does your child have any environmental requirements related to their Anaphylaxis? Yes No

If yes, please provide a list of allergens. _____

In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. For more information: www.allergyfacts.org.au
 If your child has a specific healthcare need, allergy or relevant medical condition, you will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.

SPECIFIC HEALTHCARE NEEDS (Reg. 162 (c) (i) & (d))

- Does the child have any specific healthcare needs including any medical conditions/long term medications that are relevant to the care & education of the child? (e.g. asthma, epilepsy, diabetes, behavioural, medically diagnosed intolerances etc.) Yes No
- If yes please provide details of any specific healthcare need/s or medical condition and any management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to the service? Yes No

ALLERGIES (Reg. 162 (c) (ii))

- Does your child have any allergies? Yes No
- If yes please provide details of any allergies and any medical management plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

If necessary, has medication been supplied to the service? Yes No

DIETARY RESTRICTIONS (Reg. 162 (e))

- Does the child have any dietary restrictions including intolerances not formally diagnosed from a medical practitioner? Yes No
- If yes, please provide details of any dietary restriction including the reason for the restriction (religious, food intolerance, social preference - ie vegan):

Please list an previous serious injuries or illnesses related to your child that may affect their time at the Centre

If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical conditions policy been provided to the parent or guardian of the child? (Reg 91) Yes No N/A

Has a a risk minimisation communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child. (Reg. 90 (1)(c)(iv)) Yes No N/A

*INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS EDUCATION AND CARE CENTRE

From time to time the Regulatory Authorities seek information on the characteristics of the children and their families who use an Education and Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No:

- *Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No
- *Does either parent have a disability? Yes No
- *Is the family a single parent family? Yes No



IF YOU HAVE QUESTIONS WHEN FILLING OUT THIS FORM, PLEASE CONTACT YOUR EDUCATION AND CARE SERVICE

CHILD CARE SUBSIDY (CCS) ENROLMENT AGREEMENT

Questions marked with an asterisk * are **NOT** required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

Must be completed for **EVERY** enrolment wishing to apply for the Federal Government's Child Care Subsidy (CCS). All fields in this section are mandatory.

Name of Service _____ Child CRN _____

Days of Attendance Monday | Tuesday | Wednesday | Thursday | Friday Registering Parent Name _____

Approved Hours of Attendance _____ Registering Parent CRN _____

Commencement Date _____ Registering Parent DOB _____

Does your child attend another Service? Yes No Does your child have siblings attending another child care service? Yes No

If yes, which Service and how many days do they attend that Service? _____ If yes, which Service _____

Name of siblings _____

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement. Please read these items and confirm by signing and dating.

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct
 - I confirm I have agreed to days of care with this service/s and understand the start and end times of the care provided
 - I confirm that care may be provided on a casual or flexible basis where available at my service/s at my request
 - I confirm I understand the fees associated with the care of my child which may vary from time to time and are available to me on the website or at reception
 - I understand that it is my responsibility to notify the service/s in writing within 7 days if my child care arrangements change
 - I understand that I need to be registered with Centrelink in order to claim the CCS
- Please tick here to indicate that you have read and confirmed the CCS Enrolment Agreement with the service/s

Name of Registering Parent _____

Signature of Registering Parent _____ Date ____/____/____

PARENT OR GUARDIAN INFORMATION

The 'Primary' family is "the family or parent the student mostly live with". Speak with your service/centre for additional family forms if required.

<p>PARENT / GUARDIAN 1 (PRIMARY CARER)</p> <p>Name _____</p> <p>Address - as per child or: _____</p> <p>Phone (H) _____ (W) _____</p> <p>Mobile _____ *DOB ____/____/____</p> <p>*Email _____</p> <p>*Relationship to Child: _____</p> <p>Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Parent 1 CRN _____</p>	<p>PARENT / GUARDIAN 2 (LEAVE BLANK IF NOT APPLICABLE)</p> <p>Name _____</p> <p>Address - as per child or: _____</p> <p>Phone (H) _____ (W) _____</p> <p>Mobile _____ *DOB ____/____/____</p> <p>*Email _____</p> <p>*Relationship to Child: _____</p> <p>Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Parent 2 CRN (if applicable) _____</p>
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BELOW APPLIES TO 3 AND 4 YEAR OLD FUNDED KINDERGARTEN.
 Please tick the appropriate parental occupation group from the 'Parental Occupation Index' at the back of this booklet.
 If the person has not been in paid work for the last 12 months, tick 'N'. 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 their last occupation to select from the attached occupation group list.
 The below questions regarding Education & Occupation are requirements from the Victorian Department of Education and Training to assist with "School Readiness" funding. This is in addition to normal kindergarten funding.

***EDUCATION**

What is the highest year of primary or secondary school the parent/guardian has completed? (please tick one)
For persons who have never attended school, mark 'Year 9 or equivalent or below'.

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

What is the level of the highest qualification the parent/guardian has completed (please tick one)

No non-school qualification Certificate I to IV
 (including trade certificate) Advanced Diploma / Diploma
 Bachelor Degree or above

***OCCUPATION**

What is the occupation of the parent/guardian? _____

What is the occupation group of the parent/guardian?

A B C D N

***EDUCATION**

What is the highest year of primary or secondary school the parent/guardian has completed? (please tick one)
For persons who have never attended school, mark 'Year 9 or equivalent or below'.

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

What is the level of the highest qualification the parent/guardian has completed (please tick one)

No non-school qualification Certificate I to IV
 (including trade certificate) Advanced Diploma / Diploma
 Bachelor Degree or above

***OCCUPATION**

What is the occupation of the parent/guardian? _____

What is the occupation group of the parent/guardian?

A B C D N



IF YOU HAVE QUESTIONS WHEN FILLING OUT THIS FORM, PLEASE CONTACT YOUR EDUCATION AND CARE SERVICE

COURT ORDERS IN RELATION TO THE CHILD

Are there any:

- court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- other court orders relating to the child's residence or the child's contact with a parent or other person?

No - move onto the Next Section

Yes - please complete the following:

If you answered **Yes** to the above,

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form;
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

3. I agree that should the order/s change in the future, I will provide to the service the latest copy of the order/s at the time of the change.

ADDITIONAL INFORMATION

Questions marked with an asterisk * are **NOT** required by the Regulations, however, answers you provide to each question will assist the service in educating and caring for the child.

*Please provide any other relevant information about the child eg. abilities, interests, likes, dislikes, family traditions, home routines, parenting strategies etc.

*Is the child currently attending or previously attended:

- Preschool/ Kindergarten
 Playgroup
 Long Day Care
 Family Day Care
 Early Intervention Service
 Other

If yes - please provide details _____

*If applicable, which school have you or do you plan to enrol the child? _____

*Are you willing to have the child photographed to appear in videos, newspapers & other publications? Yes No

*To be used in learning & development documentation - displayed at the service, on Open Days, AGMs or public events? Yes No

*Do you allow sunscreen to be applied to the child while in the care of the Education and Care Service? Yes No

*Do you give permission to conduct head lice checks? Yes No

*Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Australia Day | <input type="checkbox"/> Birthdays | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> Diwali | <input type="checkbox"/> Easter | <input type="checkbox"/> Eid Al-Adha |
| <input type="checkbox"/> Mother's Day | <input type="checkbox"/> Father's Day | <input type="checkbox"/> New Year |
| <input type="checkbox"/> Hanukkah | <input type="checkbox"/> Moon Festival | <input type="checkbox"/> NAIDOC Week |
| <input type="checkbox"/> Name Days | <input type="checkbox"/> Orthodox Easter | <input type="checkbox"/> Ramadan |
| <input type="checkbox"/> Tet | <input type="checkbox"/> Winter/Summer Solstice | |

Please List others & attach any specific information related to the above:

*Do you have any Pets

Name _____ Type _____

Name _____ Type _____

Name _____ Type _____

*Please provide details of any local community services you access with the child? eg Library, Toy Library, Swimming Pool, local park etc.

*Do you have any specific skills or a trade that could be of use to the Education and Care Service?

AUTHORISED EMERGENCY CONTACTS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or to authorise an Educator to take the child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisations.

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to Child: _____

- Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
- Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
- Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
- Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&(v))

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to Child: _____

- Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
- Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
- Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
- Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&(v))

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to Child: _____

- Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
- Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
- Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
- Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&(v))

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to Child: _____

- Authorised to Collect (Authorised Nominee) (Reg. 160(3)(b)(iii))
- Notification in the event of an Emergency (Reg. 160(3)(b)(ii))
- Authorised to Consent to Medical Treatment (Reg. 160(3)(b)(iv))
- Authorisation for the administration of medication (Reg. 160(3)(b)(iv))
- Authorised to authorise an Educator to take the child outside of the premises (Reg. 160 (3)(b)(iv)&(v))

AUTHORISATION & DECLARATION

I, _____ (print full name)

a person with parental responsibility of the child referred to in this enrolment form (Reg.161):

- authorise the Approved Provider, Nominated Supervisor, or an educator or in the case of Family Day Care, the family day care educator, to seek
 - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - transportation of the child by an ambulance service; and
 - if relevant, an authorisation given under regulation 102 for the Education and Care Service to take the child on regular outings.
- agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
- agree to collect or make arrangements for the collection of the child if he or she becomes unwell;
- understand that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
- have read & understood the Education and Care Service's policies including the 'Payment of Fees';
- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information;

give permission to contact Maternal Child Health if needed.

Signature of person with parental responsibility of the child _____

Date _____

PARENTAL OCCUPATION INDEX

MANAGERS

Chief Executives, General Managers & Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers & Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations & Sales Managers, Business Administration Managers, Construction Managers, Education, Health & Welfare Services Managers	A
Hospitality, Retail & Service Managers	Accommodation & Hospitality Managers, Retail Managers	B

PROFESSIONALS : GENERALLY WITH A BACHELORS DEGREE OR ABOVE

Arts & Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resources & Marketing Professionals	Accountants, Auditors & Company Secretaries, Financial Brokers & Dealers, and Investment Advisers, Human Resource & Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering & Science Professionals	Architects, Designers, Planners & Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic & Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business & Systems Analysts, and Programmers, Database & Systems Administrators, and ICT Security Specialists	A
Legal, Social & Welfare Professionals	Barristers, Judicial and other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A

TECHNICIANS & TRADES WORKERS

Engineering, ICT & Science Technicians	Agricultural, Medical & Science Technicians, Building & Engineering Technicians, ICT & Telecommunications Technicians	B
Automotive & Engineering Trades Workers	Automotive Electricians & Mechanics, Mechanical Engineering Trades Workers, Panel Beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, Carpenters, Joiners, Floor Finishers & Painting Trade Workers	C
Electrotechnology & Telecommunications Trades Workers	Electricians, Electronics & Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers & Pastry Cooks, Butchers & Smallgoods Makers, Cooks	C
Skilled Animal & Horticultural Workers	Animals Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians & Trade Workers	Hairdressers, Textiles, Clothing & Footwear Trades Workers	C

COMMUNITY & PERSONAL SERVICE WORKERS

Health & Welfare Support Workers	Ambulance Officers & Paramedics, Dental Hygienists, Technicians & Therapists, Health Workers, Massage Therapists	B
Carers & Aides	Child Carers, Education Aides, Personal Carers & Assistants	D
Hospitality Workers	Bar Attendants & Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members- Other Ranks, Fire & Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors & Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D

CLERICAL & ADMINISTRATIVE WORKERS

Office Managers & Program Administrators	Contract, Program & Project Administrators, Office & Practice Managers	B
Personal Assistants & Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks & Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial & Insurance Clerks, Bank Workers	D
Clerical & Office Support Workers	Couriers & Postal Deliverers, Filing & Registry Clerks, Survey Interviewers	D
	Conveyancers & Legal Executives	B
Other Clerical & Administrative Workers	Court & Legal Clerks, Insurance Investigators, Loss Adjusters & Risk Surveyors	C
	Purchasing & Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors & Regulatory Officers	D

SALES WORKERS & MACHINERY OPERATORS, DRIVERS & LABOURERS

Sales Agents	Auctioneers, and Stock & Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons & Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operators	D
Machinery Operators, Drivers & Labourers	Machines & Stationery Plant Operators, Road & Rail Drivers, Storepersons, Cleaners & Laundry Workers, Factory Process Workers	D

Please see the register available at <http://www.education.vic.gov.au/school/teachers/management/finance/Pages/occupationcoderegister.aspx>