St Therese's Primary School
131 Endeavour Drive, Cranbourne, 3977
5996 7525
principal@sttcbourne.catholic.edu.au
www.sttcbourne.catholic.edu.au

Application for Enrolment

St Therese's Catholic Primary School is a school which operates with the consent of the Bishop of Sale and is owned, operated and governed by Diocese of Sale Catholic Education Ltd (DOSCEL). This form is informed by the St Therese's Catholic Primary School Enrolment Policy. Lodging this form does not guarantee enrolment at the school. Confirmation of an enrolment requires the acceptance of the Enrolment Agreement, Parent/Guardian/Carer Code of Conduct, and Student Code of Conduct if an offer of enrolment is made.

Please ensure all relevant information is attached to this Application for Enrolment when submitting. Please see the Parent/Guardian/Carer Documentation Checklist at the end of the form.

STUDENT DETAILS		
Surname: Click or tap here to enter text.		
Given name/s: Click or tap here to enter text.	**Preferred name:** Click or tap here to enter text.	
Entry year (YYYY): Click or tap here to enter text.	**Entry level/grade:** Click or tap here to enter text.	
Date of birth: Click or tap here to enter text.	**Religion** *(include rite):* Click or tap here to enter text.	
Home Address: Click or tap here to enter text.		
M (Male): ☐	F (Female): ☐	Self-identified (Indeterminate/Intersex/ Unspecified): ☐
Does the student have a sibling at this school?	Yes ☐ No ☐	

CONTACT 1 (PARENT 1/GUARDIAN 1/CARER 1)			
Title: Click or tap here to enter text. (Dr/Mr/Mrs/Ms/Mx)	**Surname:** Click or tap here to enter text.	**Given name:** Click or tap here to enter text.	
House Number: Click or tap here to enter text.	**Street Name:** Click or tap here to enter text.		
Suburb: Click or tap here to enter text.	**State:** Click or tap here to enter text.	**Postcode:** Click or tap here to enter text.	
Telephone:	**Home:** Click or tap here to enter text.	**Work:** Click or tap here to enter text.	**Mobile:** Click or tap here to enter text.
SMS messaging: *(for emergency and reminder purposes)*	Yes ☐	No ☐	
Email: Click or tap here to enter text.			
Relationship to student: Click or tap here to enter text.			

Government Requirement:			
Occupation: Click or tap here to enter text.	**What is the occupation group?** *(Select from list of occupation groups in Appendix 1 - School Family Occupation Index)*	A ☐ B ☐ C ☐ D ☐ N ☐	
Religion: *(include rite)* Click or tap here to enter text.			
Country of birth: Australia ☐	Other ☐ *(please specify):*	Click or tap here to enter text.	
Aboriginal or Torres Strait Islander origin: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander ☐			
Nationality:	Click or tap here to enter text.	**Ethnicity if not born in Australia:**	Click or tap here to enter text.
Visa subclass:	Click or tap here to enter text.	**Visa expiry:**	Click or tap here to enter text.
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified			
Do you speak a language other than English at home? *Note: Record all languages spoken*	Click or tap here to enter text.		
What is the highest year of primary or secondary school Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed? *(Persons who have never attended secondary school, tick Year 9 or below)*			
Year 9 or below ☐	Year 10 or equivalent ☐	Year 11 or equivalent ☐	Year 12 or equivalent ☐
What is the level of the highest qualification Student Contact 1 (Parent 1/Guardian 1/Carer 1) has completed?			
No post-school qualification ☐	Certificate I to IV *(including trade certificate)* ☐	Advanced diploma/Diploma ☐	Bachelor's degree or above ☐

CONTACT 2 (PARENT 2/GUARDIAN 2/CARER 2)			
Title: Click or tap here to enter text. (Dr/Mr/Mrs/Ms/Mx)	**Surname:** Click or tap here to enter text.	**Given name:** Click or tap here to enter text.	
House Number: Click or tap here to enter text.	**Street Name:** Click or tap here to enter text.		
Suburb: Click or tap here to enter text.	**State:** Click or tap here to enter text.	**Postcode:** Click or tap here to enter text.	
Telephone:	**Home:** Click or tap here to enter text.	**Work:** Click or tap here to enter text.	**Mobile:** Click or tap here to enter text.
SMS messaging: *(for emergency and reminder purposes)*	Yes ☐	No ☒	
Email: Click or tap here to enter text.			
Relationship to student: Click or tap here to enter text.			

Government Requirement:			
Occupation: Click or tap here to enter text.	**What is the occupation group?** *(Select from list of occupation groups in Appendix 1 - School Family Occupation Index)*	A ☐ B ☐ C ☐ D ☐ N ☐	
Religion: *(include rite)* Click or tap here to enter text.			
Country of birth: Australia ☐ Other ☐ *(please specify):* Click or tap here to enter text.			
Aboriginal or Torres Strait Islander origin: No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander ☐			
Nationality:	Click or tap here to enter text.	**Ethnicity if not born in Australia:**	Click or tap here to enter text.
Visa subclass:	Click or tap here to enter text.	**Visa expiry:**	Click or tap here to enter text.
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified			
Do you speak a language other than English at home? *Note: Record all languages spoken*	Click or tap here to enter text.		
What is the highest year of primary or secondary school Student Contact 2 (Parent 2 /Guardian 2/Carer 2) has completed? *(Persons who have never attended secondary school, tick Year 9 or below)* Year 9 or below ☐ Year 10 or equivalent ☐ Year 11 or equivalent ☐ Year 12 or equivalent ☐			
What is the level of the highest qualification Student Contact 2 (Parent 2/Guardian 2/Carer 2) has completed? No post-school qualification ☐ Certificate I to IV *(including trade certificate)* ☐ Advanced diploma/Diploma ☐ Bachelor's degree or above ☐			

PREVIOUS SCHOOL/PRESCHOOL

Name and address of previous school/preschool: Click or tap here to enter text.		
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning	No ☐	Yes ☐
In the event that the student is enrolled at a new DOSCEL school, I/We give permission for the current school to provide information on this form to the new DOSCEL school to facilitate the enrolment of the student at that school or to otherwise facilitate the effective delivery of the student's education	No ☐	Yes ☐
Was the previous school attended interstate?	No ☐	Yes ☐

NATIONALITY AND CITIZENSHIP		
Government Requirement	**Nationality:** Click or tap here to enter text.	**Ethnicity:** Click or tap here to enter text.

In which country was the student born?

☐ Australia ☐ Other *(please specify):* Click or tap here to enter text.

Date of arrival in Australia OR date of return to Australia: Click or tap here to enter text.

What is the residential status of the student? ☐ Permanent ☐ Temporary

Evidence of Australian Residency:

☐ Australian Citizen
☐ Permanent Resident
☐ Eligible for Australian Passport
☐ Temporary Resident
☐ Other/Visitor/Overseas Student

Visa sub class:** Click or tap here to enter text. **Visa expiry date:** Click or tap here to enter text.

Previous visa sub class: Click or tap here to enter text.

*** Please attach visa/ImmiCard/letter of notification and passport photo page**
**** Please note that all enrolments for students with visas require approval through Diocese of Sale Catholic Education Limited (DOSCEL). Refer to the Dependent Full Fee Overseas Student policy (link) for further information**
Please provide up to date evidence of visa status from the Department of Home Affairs, including any changes to visa or citizenship as soon as notified

Does the student or their student contacts (parent(s)/guardian(s)/carer(s)) speak a language other than English at home? *Note: Record all languages spoken.*

		Student	Student Contact 1 (Parent1/Guardian1/ Carer1)	Student Contact 2 (Parent2/Guardian2/ Carer2)
No	English only	☐	☐	☐
Yes	Other – *please specify all languages*	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Is the student of Aboriginal or Torres Strait Islander origin?

No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander ☐

Please note that student must actively identify as Aboriginal and/or Torres Strait Islander to comply with the Australian Government census

SACRAMENTAL INFORMATION		
Baptism	**Date:** Click or tap here to enter text.	**Parish:** Click or tap here to enter text.
Reconciliation	**Date:** Click or tap here to enter text.	**Parish:** Click or tap here to enter text.
Eucharist	**Date:** Click or tap here to enter text.	**Parish:** Click or tap here to enter text.
Confirmation	**Date:** Click or tap here to enter text.	**Parish:** Click or tap here to enter text.

Parish where the student lives: Click or tap here to enter text.

EMERGENCY CONTACTS – OTHER THAN CONTACTS 1 & 2 (PARENT/GUARDIAN/CARER)	
Person 1	Person 2
Surname: Click or tap here to enter text.	**Surname:** Click or tap here to enter text.
Given Name: Click or tap here to enter text.	**Given Name:** Click or tap here to enter text.
Relationship to student: Click or tap here to enter text.	**Relationship to student:** Click or tap here to enter text.
Home telephone: Click or tap here to enter text.	**Home telephone:** Click or tap here to enter text.
Mobile: Click or tap here to enter text.	**Mobile:** Click or tap here to enter text.

MEDICAL INFORMATION				
Doctor's name:	Click or tap here to enter text.			
Doctor's address:	Click or tap here to enter text.			
Telephone:	Click or tap here to enter text.			
Medicare number:	Click or tap here to enter text.	**Ref number:** Click or tap here to enter text.	**Expiry:** Click or tap here to enter text.	
Private health insurance:	Yes ☐ No ☐	**Fund:** Click or tap here to enter text.	**Number:** Click or tap here to enter text.	
Ambulance cover:	Yes ☐ No ☐	**Number:** Click or tap here to enter text.		
Pension / Health Care Card:	Yes ☐ No ☐	**Pension / Health Care Card No:** Click or tap here to enter text.	**Expiry:** Click or tap here to enter text.	

The following information is sought to enable the School to fulfill its duty of care to the student and school community and ensure that the School is safe and without risks to health and safety, so far as is reasonably practicable. This includes making any reasonable accommodations for the student.

It is important that the School has accurate and up-to-date information at all times. Parents/Guardians/Carers have a positive ongoing obligation to update the School if there are any changes to the information provided below.

Medical Conditions / Allergies / Medications:	**Medical Conditions** - Please specify all relevant medical and/or health conditions for the student, e.g. asthma, diabetes, anaphylaxis, continence/toileting. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed. Click or tap here to enter text.
	Allergies: Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur. Click or tap here to enter text.
	Medical or learning needs: Please list any known diagnoses for the student regarding their medical or learning needs e.g. Global Developmental Delay (GDD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Anxiety. Click or tap here to enter text.

	Medication - Please specify any medication taken by the student and the requirements regarding the administration of medication for both prescribed and non-prescribed medications, whether for ongoing or temporary illnesses: Click or tap here to enter text.

Has the student been diagnosed as being at risk of anaphylaxis?	Yes ☐	No ☐	
If yes, does the student have an EpiPen or Anapen?	Yes ☐	No ☐	N/A ☐
Does the student know how to use their EpiPen or Anapen?	Yes ☐	No ☐	N/A ☐

If a student is to be given medication by School staff or has a severe allergy, written authorisation is required. Please request a Medication Authority Form from the School office.
It is mandatory for parents/guardians/carers to advise the School in writing of management plans for the medical conditions or allergies identified in this form with advice from medical practitioners included in instances where a formal diagnosis has been made.
Please attach copies of the relevant information and action plans.

If the student has identified medical and/or health condition/diagnoses, please consider the Medical Management Policy, First Aid Policy, and supporting documents.
If the student has an identified risk of anaphylaxis, please review the Anaphylaxis and First Aid policies and their supporting documents.

IMMUNISATION *(please attach an immunisation history statement)*

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement (visit MyGov) and provide it to the school with this Application for Enrolment.

Immunisation history statement attached:

Yes ☐

No ☐ If no, please provide explanation: Click or tap here to enter text.

If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	Yes ☐	No ☐

To meet duty of care obligations and facilitate the smooth transition of your child into the school, please provide all required information. This will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

Health Department regulations require all children without an Immunisation History Statement to be excluded from School for a period of 14 days in the event of an outbreak of a vaccine preventable disease, such as measles.
Please see Victorian Department of Health website www.health.vic.gov.au for more details.

ADDITIONAL NEEDS

The following information is sought to enable the School to ensure that necessary supports can be identified and provided for the student.

It is important that the School has accurate and up-to-date information at all times. Parents/Guardians/Carers have a positive ongoing obligation to update the School if there are any changes to the information provided below.

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

Indicate whether the student applying for enrolment has any known or suspected special needs, disability, impairment, disorder, injury or learning difficulty:

☐	autism (ASD)	☐	behavioural concerns	☐	hearing impairment
☐	intellectual disability/ developmental delay	☐	mental health concerns	☐	oral language/communication difficulties
☐	ADD/ADHD	☐	acquired brain injury	☐	vision impairment
☐	giftedness	☐	physical impairment	☐	other condition *(please specify)*

Has your child ever seen a:

☐	paediatrician	☐	physiotherapist	☐	audiologist
☐	psychologist/counsellor	☐	occupational therapist	☐	speech pathologist
☐	psychiatrist	☐	continence nurse	☐	other specialist *(please specify)*

If you have answered "yes" to any of the above, please provide:

a. full written details of those needs including advice from appropriate medical and allied health professionals to enable the school to plan accordingly.
b. any assessment/intervention/support that the student may be currently receiving, together with relevant supporting documentation.

Is your child receiving support from a specialist service, including medical or allied health professionals (optometrist, speech therapist, psychologist or occupational therapist etc.)? Yes ☐ No ☐

If yes, please provide full details and provide any relevant documentation:

Click or tap here to enter text.

Do you anticipate that any accommodations and/or learning adjustments will be required for the student, having regard to:

a. Any accommodations or adjustments made at the student's previous school, pre-school or home-school.
b. Any external or medical support the student currently requires.
c. Any other matter the School may consider relevant? For example:

☐	Alternative teaching and learning strategies	☐	Modifications to equipment, furniture and learning space
☐	Braille	☐	Signing
☐	Access to technology	☐	A reader or scribe
☐	Other (please specify)	☐	Personal Carer support

Have you attached all relevant information and reports? Yes ☐ No ☐

HEALTH AND SAFETY

The following information is sought to enable the School to fulfill its duty of care and health and safety obligations. It is important that the School has accurate and up-to-date information, so that it can provide relevant supports to your child and put in place relevant controls to ensure the School remains safe and without risks to health and safety, so far as is reasonably practicable.

Parents/Guardians/Carers have a positive ongoing obligation to update the School if there are any changes to the information provided below.

To your knowledge, is there anything in your child's history or circumstances (including medical history), which might pose a risk of any type to themselves, other students, or staff at this School?	Yes ☐	No ☐

If "yes" please provide a brief description (include any documents which may describe such risk):

Click or tap here to enter text.

Please provide the names and contact details of health professionals and/or support personnel at the last school or other relevant agencies that have knowledge of these issues:

Click or tap here to enter text.

I/We consent to the School contacting health professionals, support personnel at the student's current/previous school, pre-school or other relevant agencies.	Yes ☐	No ☐

TRAVEL INFORMATION

The School requires the following information to assist with bus arrangements and for the purpose of assessing conveyance allowance eligibility for students enrolling at a school outside Melbourne's metropolitan conveyance boundary and who reside 4.8 kilometres or more from the School or nearest bus stop.

Distance from home to School (kilometres):

Distance from home to nearest School bus stop (kilometres):

Proposed usual method of travelling to School (e.g. car, school bus, public bus, train):

SIBLINGS

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

HOME CARE ARRANGEMENTS

☐ Living with immediate family

☐ Guardian/Carer

☐ Kinship care

☐ Out-of-home care

☐ Shared parenting,
e.g. one week with each parent:
Days with Parent 1/Guardian 1/Carer 1:
Click or tap here to enter text.

Days with Parent 2/Guardian 2/Carer 2:
Click or tap here to enter text.

☐ Other *(please specify)*
Click or tap here to enter text.

Are there any other general family details of which the School should be aware of?

Click or tap here to enter text.

COURT ORDERS OR PARENTING ORDERS *(if applicable)*

The following information is sought to enable the School to fulfill its duty of care and health and safety obligations, and to ensure that it understands the nature of any Court orders relating to parenting of the student. This information will be used by the School to ensure that there are appropriate supports in place for the student to facilitate their effective enrolment and ongoing education.

Are there any current court orders or parenting orders relating to the student?

Yes ☐ No ☐

Has the student previously been the subject of any Court orders or any criminal charges (including any charges that did not result in a conviction)?

Yes ☐ No ☐

If "yes", copies of these Court Orders e.g. Intervention Orders, Family Court / Federal Magistrates Court Orders, orders relating to prior Criminal Charges of the student, or other relevant court orders must be provided to the School.

It is important that the School has accurate and up-to-date information at all times. Parents/Guardians/Carers have a positive ongoing obligation to supply to the School any subsequent court orders when they are received by the parent/guardian/carer.

Is there any other information of a legal nature you wish the School to be made aware of?

Yes ☐ No ☐

If "yes" please describe:

Click or tap here to enter text.

PARENT/GUARDIAN/CARER DOCUMENTATION CHECKLIST

Please ensure that the following documents are attached to the Application for Enrolment form *(as applicable to your child)*:

- ☐ Student Birth Certificate
- ☐ Student Baptismal, Reconciliation, Eucharist, Confirmation Certificates
- ☐ Immunisation History Statement
- ☐ Asthma Management Plan
- ☐ Anaphylaxis Management Plan
- ☐ Medical Management Plan signed by a relevant medical practitioner
- ☐ Other relevant medical and/or additional needs information including assessments and documentation from appropriate medical and allied health professional
- ☐ Visa information - visa grant notice/ImmiCard/letter of notification and passport photo page
- ☐ Relevant Court Orders (such as Intervention Orders, Family Court/Federal Circuit Court Orders, Criminal Orders in relation to the student)
- ☐ Schools may request further information relevant to your child at the time of enrolment.
- ☐ Any additional information you wish the School to be made aware

SIGNATURE

Please note that the completion, signing and lodgement of this enrolment form is a pre-requisite for consideration of the enrolment of your child at the School, however, it does not guarantee enrolment. The enrolment is formalised after the Enrolment Agreement is signed, following an offer for enrolment being made by the School.

Signed (Parent 1/Guardian 1/Carer 1) Click or tap here to enter text.	**Signed (Parent 2/ Guardian 2/ Carer 2)** Click or tap here to enter text.
Print Name Click or tap here to enter text.	**Print Name** Click or tap here to enter text.
Date Click or tap here to enter text.	**Date** Click or tap here to enter text.

Please complete the Application for Enrolment and return via email to

koconnell@sttcbourne.catholic.edu.au

OR return your completed form and required documentation to the office

***Disclaimer**: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy enclosed with this Enrolment Pack and available on its website https://sttcbourne.catholic.edu.au/.*

Appendix 1 - Parent/Guardian/Carer Occupation Index

Occupation Group A

Senior management in large business organisation, government administration and defence, and qualified professionals are included in this group.

- **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 or gallery director, research facility director
- **Defence forces**
  Commissioned Officer
- **Professionals**
  generally, have a 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

Occupation Group B

Other business managers, arts/media/sportspersons and associate professors are included in this group.

- **Owner/manager**
  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, proofreader, sportsperson, 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, market research analyst, technical sales representative, retail buyer, officer/project manager
- **Defence forces**
- **Senior Non-Commissioned Officer (Senior NCO)**

Occupation Group C

All tradesmen/women, clerks and skilled office, sales and service staff are included in this group.

- **Tradesmen/women**
  generally, have completed a four-year Trade Certificate, usually by apprenticeship
- **Clerks**
  bookkeeper, bank officer/post office clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order 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/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor

Occupation Group D

Machine operators, hospitality staff, assistants, labourers and related workers are included in this group.

- **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**
  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 work**
- **Defence Forces**
  ranks below senior NCO not included in other categories
- **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.