



ABN 22 010 555 389  
CRICOS 01085D

# MACKAY CHRISTIAN COLLEGE

We Love | We Care | We Learn

## PREP - YEAR 12 ENROLMENT APPLICATION

### STUDENT INFORMATION

Given Names:  Year of Entry: 2022  2023  2024   
Legal Surname:  Sex: M  F  Age:  Date of Birth:  /  /   
A copy of the birth certificate must be supplied

Name known as (if different) eg. shortened first name:

Year Level Entering: Prep  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  Yr 7  Yr 8  Yr 9  Yr 10  Yr 11  Yr 12

Residential Address:  Post Code:

(Please note: The college needs to disclose your residential address to the Dept. of Education, Science and Training and other government agencies for funding purposes)

Term Address (if student boards elsewhere):  Post Code:

Is your child a past student of the college? Yes  No  Has your child ever repeated a Year? Yes  No  Year level/s:

Does your child play an instrument? Yes  No  If so, do you wish them to continue? Yes  No  Which instrument/s:

Has your child ever been expelled? Yes  No  Suspended? Yes  No  or refused admission to another school? Yes  No

If **yes**, what was the reason?

Are there any details which may have an influence on your child's education or which may be relevant to their enrolment at MCC?

If **yes**, please indicate the details briefly:

Does your child have any behavioural difficulties? Yes  No  If **yes**, please provide details:

### Reference

Please provide a **reference** for your child eg School Teacher, Scout Leader, Youth Leader or Community Contact

### Nationality

In which country was the student born?  What is the Nationality of the student?

Is the student of **Aboriginal or Torres Strait Islander (TSI) origin**? Yes, Aboriginal  Yes, TSI  (if both, tick both boxes) No

### Residency

What is the student's residency status? Australian Citizen  New Zealand Citizen  Other:   
Permanent Resident  Temporary Visa holder  A copy of Residency/Visa must be supplied

If born overseas, on what date did the student **arrive** in Australia?  /  /

If the student is a Permanent Resident or Temporary Visa holder please provide the following information:

Visa type:  Current Visa Sub-Class no:  Visa expiry date:  /  /

### Language

Does the student speak a language other than 'Standard Australian English' at home? No  Yes

What language: (If more than one language, please indicate the language that is spoken most often)

### Culture

Are there special requirements which may arise from the culture or religion of the family? Yes  No  If **yes**, please provide details:

### Previous School

Please provide details of the school where the child was previously enrolled. A copy of their most current school report must be supplied.

Name of school last attended:

Location of school last attended:  Dates of attendance:  /  /  to  /  /

Reason for leaving:

### OFFICE USE ONLY

Proof of Age: Yes / No    Student No.:    Date Started:    HF: Averill/Dennis/Evans/Young

## **PARENT/GUARDIAN/CAREGIVER INFORMATION**

**Mother/Guardian/Caregiver:** Each biological parent has equal legal rights to information about the child unless the Early Learning Centre is provided with a copy of Court Orders stating otherwise.

Full name of Mother/Caregiver:

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  Home Ph:

Email:

Place of Employment:  Occupation:

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Full Time  Shared Care  No  Are you a past student of the college? Yes  No

**Father/Guardian/Caregiver:** Each biological parent has equal legal rights to information about the child unless the Early Learning Centre is provided with a copy of Court Orders stating otherwise.

Full name of Father/Caregiver:

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  Home Ph:

Email:

Place of Employment:  Occupation:

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Full Time  Shared Care  No  Are you a past student of the college? Yes  No

### **Step Parent/Guardian/Caregiver:**

Full name of Step Parent/Caregiver:

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  Home Ph:

Email:

Place of Employment:  Occupation:

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Full Time  Shared Care  No  Are you a past student of the college? Yes  No

### **Step Parent/Guardian/Caregiver:**

Full name of Step Parent/Caregiver:

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  Home Ph:

Email:

Place of Employment:  Occupation:

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child? Full Time  Shared Care  No  Are you a past student of the college? Yes  No

## LEGAL GUARDIAN

Who is the Legal Guardian of the child? Mother  Father  Both  Other:  Please state:

Are there any other circumstances about the student seeking to be enrolled that the college should know prior to enrolment?

If **Yes**, please provide details:

Shared care arrangements  Living apart from parental supervision  Subject to court orders  Child in foster care  Other


**A copy of all Court Orders or other legal issues pertaining to the child must be supplied to the college.**

## SIBLING INFORMATION

Please list other children in the family, their ages, the schools they currently attend (if applicable) and their present year level:

Name:	Date of Birth:	Present School:	Present Year Level:
	/ /		
	/ /		
	/ /		
	/ /		

## PERMISSIONS

### Publicity

Periodically the college will take photographs and/or videos as a pictorial record of the educational programs and of student's participation in them. This includes but is not limited to the Basilikos (College Yearbook), media presentations, television advertisements, college website, social media and professional class photographs.

**I hereby give permission for my child to be included in all college publicity.**

Yes  No  Date: / /

Signature - Mother/Caregiver:  Father/Caregiver:

### Information Release

**I hereby give permission for Mackay Christian College to access educational information for  (Child's Name) from their previous school.**

Yes  No

Mother/Caregiver's Name:  Signature:  Date: / /

Father/Caregiver's Name:  Signature:  Date: / /

## BILLING RESPONSIBILITY

Please provide details of the person responsible for billing. Please note that any changes to the persons responsible for paying college charges **must be submitted in writing from both parties**. A discount on school fees is available for parents/caregivers with an eligible concession card. This discount does not apply to college levies.

<input type="checkbox"/> Mother/Caregiver:	Signature: <input type="text"/>	Phone: <input type="text"/>
<input type="checkbox"/> Father/Caregiver:	Signature: <input type="text"/>	Phone: <input type="text"/>
<input type="checkbox"/> Joint Names:	Signature: <input type="text"/>	Phone: <input type="text"/>
Billing Address/Email: <input type="text"/>		

**Do you hold a current Concession Card?** Yes  No  If **yes**, please supply a copy.

## CHURCH INFORMATION

Is the family actively associated with a Christian Church? No  If **no**, please list religion or culture of family:

Yes  If **yes**, Church attended:

Is the student actively involved with: Church  Sunday School  Youth Group  Bible Study

**Please complete the following declaration as you are able:**

Mackay Christian College accepts children from a wide range of Christian denominations. The common and unifying factor in the college community is the Lordship of Jesus Christ. It is this factor which provides the basis for relationship between the college and the family in the task of educating students. Therefore we believe it is important that parents understand the Christian focus of the school and its aim to challenge students and through them, their families, to a personal commitment to Jesus Christ as Lord.

**I acknowledge Jesus Christ as my Lord and Saviour.**

Mother/Caregiver's Name:  Signature:  Date: / /

Father/Caregiver's Name:  Signature:  Date: / /

**I do not share the same experience of faith but I respect this position and it is my desire for my child to be enrolled in MCC.**

Mother/Caregiver's Name:  Signature:  Date: / /

Father/Caregiver's Name:  Signature:  Date: / /

## DEVELOPMENT PROFILE

Does your child have learning difficulties? Yes  No  If **yes**, please specify:

Has your child ever received Learning Support? Yes  No  If **yes**, year levels:

Has your child received additional support from the following services?

Social Worker  Physiotherapist  Paediatrician  Speech Therapist  Psychologist  Other

Has your child been diagnosed with any of the following?

Condition (please tick)				
Attention Deficit Disorder	Central Auditory Processing Disorder	Intellectual Disability	Speech-Language Impairment	
Attention Deficit Hyperactivity Disorder	Dysgraphia	Oppositional Defiant Disorder	Visual Impairment	
Auditory Processing Disorder	Dyslexia	Physical Impairment	Other:	
Autistic Spectrum Disorder (including Asperger's Syndrome)	Hearing Impairment	Social/Emotional Disorder (Psychiatric Disorder)		

Is your child taking **medication** for this? Yes  No  Type and Dosage:

Please provide **Specialist's letter of diagnosis** and most recent **Individualised Education/Support/Behaviour Plan** from previous school.

## STUDENT MEDICAL INFORMATION

**Emergency Contacts Other than Parents** (to be used when attempts to contact parents are unsuccessful)

If we cannot contact you in the event of an emergency, please provide contact details of at least two **other** contacts. Ideally, the contact person should be someone who lives in Mackay and who is able to act on your behalf in an emergency. **Please ensure that you have discussed with the people listed on this page their willingness to act as emergency contacts for your child.**

1. Name:  Relationship to child:

Mobile:  Work Ph:  Home Ph:

2. Name:  Relationship to child:

Mobile:  Work Ph:  Home Ph:

3. Name:  Relationship to child:

Mobile:  Work Ph:  Home Ph:

### Emergency Details

**This information is required in the case of an emergency where your child needs to be transported to hospital by ambulance:**

Doctor/Medical Centre/Hospital Name:

Doctor/Medical Centre/Hospital Phone:

Doctor/Medical Centre/Hospital Address:

Medicare No:  Private Health Cover: Yes  No  Fund Name:

In an emergency, which parent/caregiver should be contacted first?

### Administration of Medical Care

The guidelines for the administration of medication to children are as follows:

- The college First Aid Officer may only administer medication when the medication is in correct pharmaceutical packaging, is labelled by the pharmacist with the student's full and correct name and the dosage. This includes medication purchased over the counter.
- Parents/caregivers must complete a **Request to Administer Medication Form** which is available from the College Office. We will under no circumstances administer medication without the pharmacist's label and written instruction from the parent/caregiver.
- If a student is unwell and the parent/caregiver or emergency contact cannot be reached, the student will be admitted to First Aid or alternatively remain in the classroom.
- Please note that the college is **unable to administer Panadol** to students. In the event of a student experiencing a headache or other form of pain and being in need of pain relief, the College Office will phone you (the parent/caregiver) or emergency contact with the option of collecting your child or bringing appropriate medication to the college to administer to the child yourself.

**I have read and understood this information.**

**I hereby give permission for the provision of any necessary urgent medical treatment for my child and I agree to pay any costs incurred as a result of this treatment.**

Signature - Mother/Caregiver:

Date:

Signature - Father/Caregiver:

Date:

## Student Medical Details

Does your child suffer from any of the following conditions? Yes  No  If **yes**, please provide specific details below:

Condition	Details (warning signs / Symptoms / Occurrence / Treatment / Medications / Restrictions, etc)	Please indicate (tick) if condition is <b>severe</b> ?
<input type="checkbox"/> Acquired Brain Injury		<input type="checkbox"/>
<input type="checkbox"/> Anxiety		<input type="checkbox"/>
<input type="checkbox"/> Anaphylaxis		<input type="checkbox"/>
<input type="checkbox"/> Asthma		<input type="checkbox"/>
<input type="checkbox"/> Blood Disorder		<input type="checkbox"/>
<input type="checkbox"/> Cardiac Condition		<input type="checkbox"/>
<input type="checkbox"/> Diabetes		<input type="checkbox"/>
<input type="checkbox"/> Eczema		<input type="checkbox"/>
<input type="checkbox"/> Epilepsy		<input type="checkbox"/>
<input type="checkbox"/> Hay Fever		<input type="checkbox"/>
<input type="checkbox"/> Headaches/Migraines		<input type="checkbox"/>
<input type="checkbox"/> Hearing/Sight Impairment		<input type="checkbox"/>
<input type="checkbox"/> Muscular/Joint Problems		<input type="checkbox"/>
<input type="checkbox"/> Other (Please specify)		<input type="checkbox"/>

If your child requires **medication** to be given at the college for Asthma (Moderate to Severe), Anaphylaxis, Allergic Reaction, Diabetes (Type 1) or Epilepsy, please complete a **Request for Administration of Medication Form** (available from the office).

Has the student been admitted to hospital for Asthma? Yes  No

### Allergic Reaction Management Plan

Does your child have any allergies e.g. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc. Yes  No

If **yes** A copy of the student's **Allergy Management Plan and/or Emergency Action Plan** which your Medical Practitioner has documented **must be provided**.

If **yes**, type of allergy:

Signs and symptoms of reaction:

What medication is taken (if any) for the prevention of allergic reaction:

What treatment is followed if an allergic reaction occurs:

### Has the student at any time in the past suffered from:

A Localised reaction (any rash/itching/swelling at the point of contact with allergen) Yes  No

A Systematic reaction (any rash/itching/swelling away from the point of contact with allergen) Yes  No

Has the student been admitted to hospital for an allergic reaction? Yes  No

Does the student take adrenaline (Epi-Pen) when suffering from an allergic reaction? Yes  No

## How did you hear about Mackay Christian College? (Please tick as many as apply to you)

- Word of Mouth: Existing MCC Family
- Staff Member
- Friend
- Work Colleague
- Pastor
- Past Parent/Student
- Church

Who?

(We would like to acknowledge Word of Mouth recommendations)

- Advertising: Website
- Radio
- Television
- Billboard
- Letter Box Drop
- Open Day

Other:

## What influenced you to enrol at Mackay Christian College? (Please tick as many as apply to you)

- |                        |                          |                         |                          |                                   |                          |
|------------------------|--------------------------|-------------------------|--------------------------|-----------------------------------|--------------------------|
| Academic Excellence    | <input type="checkbox"/> | College's Reputation    | <input type="checkbox"/> | Co-Curricular Activities          | <input type="checkbox"/> |
| Christian Values       | <input type="checkbox"/> | Kindy to Year 12 School | <input type="checkbox"/> | Unhappy with current school       | <input type="checkbox"/> |
| Discipline             | <input type="checkbox"/> | Past Parent/Student     | <input type="checkbox"/> | Looking for Independent Education | <input type="checkbox"/> |
| Locality               | <input type="checkbox"/> | College Tour            | <input type="checkbox"/> | Creative Academy                  | <input type="checkbox"/> |
| Recommended by: Pastor | <input type="checkbox"/> | Existing Parent         | <input type="checkbox"/> | Staff Member                      | <input type="checkbox"/> |

Other

## ENROLMENT PRIORITY

1. Principal's discretion
2. School reference or report which shows evidence of good behaviour
3. Siblings of current students, staff members and past families
4. Families who support the Christian ethos of the college
5. Capacity to contribute to broader college life
6. Ability to meet fee commitment
7. Order of receipt of application for enrolment

Placement can only be made if there are vacancies in the required year level.

If places are unavailable at the time of application your enrolment will be placed on a waiting list unless you notify us otherwise.

Completing the Enrolment Form or signing the Enrolment Contract is no guarantee of placement.

## ENROLMENT PROCESS

1. Parents/caregivers complete an enrolment application for each child in the family that they wish to enrol, ensuring all policies have been read and signed.
2. Parents/caregivers return application to Mackay Christian College with all supporting documents. This includes Birth Certificate, Visa details, current Student Report from previous school, copies of any Remedial Reports or Assessments, Network User Agreement, Court Orders and if applicable a current Concession Card, Medical Action Plan, Subject Choice Form, Gym Waiver Form, Prep Student Skills Checklist and Creative Academy Application Form. **Please note that enrolment applications cannot be processed until all documents are received.**
3. Once the complete application has been received, it will be submitted to the Enrolment Committee.
4. For Junior School Students (Prep-Year 6): An appointment will be made for a Reading Assessment.
5. The Enrolment Officer will notify you by phone of the Enrolment Committee's decision.
6. An Enrolment Interview will be organised with the Principal or his delegate for successful applications.
7. The student will be able to commence at Mackay Christian College in full and correct uniform.

**INFORMATION REQUIRED BY MCEECDYA**

The following details are required by the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) for assessment and reporting purposes.

**Mother/Guardian/Caregiver Name:**

**Father/Guardian/Caregiver Name:**

**In which Country was the:**

Mother/Guardian/Caregiver born:

Father/Guardian/Caregiver born:

**What is the Nationality of the:**

Mother/Guardian/Caregiver:

Father/Guardian/Caregiver:

**Do the parents/guardians/caregivers speak a language other than English at Home?**

*(If more than one language, indicate the one that is spoken most often.)*

	Student	Mother/Caregiver	Father/Caregiver
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Aboriginal English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Aboriginal Kriol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Indonesian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Kalaw Kawaw Ya/Kala Lagaw Ya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Kiwai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Madi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Maori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Meriam Mir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Pidgin English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Solomon Islands Pijin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Tongan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Yumplatok (Torres Strait Creole)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other Australian Indigenous / Cape York Peninsula / Arnhem Land & Daly River Region / Kimberley Area languages or dialects eg. Woori Lingo (Please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other not listed above - please specify:	<input type="text"/>		

**What is the highest year of school the parents/guardians/caregivers have completed?**

*(For persons who have never attended school, mark Year 9 or equivalent or below)*

	Mother/Caregiver	Father/Caregiver
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent (or below)	<input type="checkbox"/>	<input type="checkbox"/>

**What is the level of the *highest* qualification the parents/guardians/caregivers have completed?**

*(Mark one box only in each column)*

	Mother/Caregiver	Father/Caregiver
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma/Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

## Parent/Guardian/Caregiver Occupation Group

What is the Occupation Group of **Mother/Guardian/Caregiver**:

What is the Occupation Group of **Father/Guardian/Caregiver**:

**Please Note:** If the person has not been in paid work in the last 12 months, please write a number '8' in the box.

If the person is not currently in paid work but had a job or retired within the last 12 months, please use their last occupation.

<b>GROUP 4</b>	<p><b>Machine Operator</b></p> <ul style="list-style-type: none"> <li>• <b>Driver/ Mobile Plant Operators</b> (car/ taxi/ bus/ train driver, driving instructor, courier driver, earthmoving/ farm machinery operators)</li> <li>• <b>Production/ Processing /Other Machine Operator</b></li> </ul> <p><b>Sales Office, Hospitality Staff, Other Assistant</b></p> <ul style="list-style-type: none"> <li>• <b>Sales</b> (Sales Assistant, Auto/Parts Salesperson, Checkout Operator, Ticket Seller, Shelf Stacker)</li> <li>• <b>Office</b> (Word Processing/ Data Entry Operator, Receptionist, Office Assistant, General Clerk)</li> <li>• <b>Hospitality Staff</b> (Waiter, Bar Attendant, Barista, Kitchen Hand, Porter, Fast Food Cooks)</li> <li>• <b>Assistant/ Aide</b> (Trades Assistant, Teacher's Aide, Dental/Nursing Assistant, Vet Nurse, Home Help)</li> </ul> <p><b>Defence Force</b> (ranks below Senior Non-Commissioned Officer)</p> <p><b>Agriculture, Horticulture, Forestry, Fishing, Mining Worker</b> (Shearer, Farm Hand, Horse Trainer, Greenkeeper, Gardener, Tree Surgeon, Miner, Fishing Hand)</p> <p><b>Other Worker</b> (Labourer, Storeperson, Guard, Commercial Cleaner, Crossing Supervisor, Trolley Collector)</p>
<b>GROUP 3</b>	<p><b>Tradespeople</b> generally have completed a 4 year Trade Certificate usually by Apprenticeship. All Tradespeople are included in this group (metal fitters/ machinists, motor mechanics, plumbers, painters, chefs, hairdressers)</p> <p><b>Advanced/Intermediate Clerical, Office, Sales, Carer and Service Staff</b></p> <ul style="list-style-type: none"> <li>• <b>Clerk</b> (Bookkeeper, Bank/ Post Office, Accounts/ Audit, Payroll, Purchasing/ Logistics, Admissions, Shipping, Customs Agent, Customer Service)</li> <li>• <b>Office</b> (Secretary, Personal Assistant, Desktop Publishing Operator)</li> <li>• <b>Sales</b> (Sales Representative, Auctioneer, Insurance Agent/ Assessor, Real Estate Sales Agent)</li> <li>• <b>Carer</b> (Aged/ Disability/ Child Carer, Nanny, Nursing Support)</li> <li>• <b>Service</b> (Parking Inspector, Postal Worker, Courier, Travel Agent, Flight Attendant, Fitness Instructor)</li> </ul>
<b>GROUP 2</b>	<p><b>Other Business Managers/ Professional</b></p> <ul style="list-style-type: none"> <li>• <b>Farm/ Business Owner/ Manager</b> (crop/ livestock, building/ construction, manufacture, mining, transport)</li> <li>• <b>Specialist Manager</b> (engineering/ production, sales/ marketing, customer service, property/ real estate, advertising/ public relations, human resources, call/ contact centre)</li> <li>• <b>Finance</b> (Bank Manager, Finance/ Insurance Brokers/ Advisors, Loans Officer, Accountant)</li> <li>• <b>Retail Sales/ Services Manager</b> (shop, petrol station, cafe, club, motel, cinema, theatre, agency)</li> <li>• <b>Arts/ Media</b> (Musician, Actor, Dancer, Media Presenter, Writer, Photographer, Graphic Designer)</li> <li>• <b>Sportsperson</b> (Coach, Trainer, Sports Official)</li> </ul> <p><b>Associate Professional</b> generally have Diploma/technical qualifications and support Managers and Professionals</p> <ul style="list-style-type: none"> <li>• <b>Medical, Science, Architectural, Building, Surveying, Engineering, Computing, ICT Support Technician</b></li> <li>• <b>Health</b> (enrolled Nurse, Paramedic, Massage Therapist, Youth Worker, Dental Hygienist)</li> <li>• <b>Legal</b> (Police Officer, Occupational/ Environmental Officer, Law Clerk, Examiner/ Assessor)</li> <li>• <b>Business/ Administration</b> (Recruitment/ Employment Officer, Market Research Analyst, Retail Buyer, Office/ Project Manager)</li> <li>• <b>Defence Force</b> (Senior Non-Commissioned Officer)</li> <li>• <b>Other</b> (Library Assistant, Research Assistant, Proof Reader)</li> </ul>
<b>GROUP 1</b>	<p><b>Elected Official</b> (Mayor, parliamentarian, Trade Union Secretary, Board Member)</p> <p><b>Senior Executive/ Manager/ Department Head</b> (Industry, Commerce, Media or other large organisation)</p> <ul style="list-style-type: none"> <li>• <b>Public Sector Manager</b> (Section Head or Above, Regional Director, Hospital/ Health Services, Education)</li> <li>• <b>Other Administrator</b> (School Principal, Faculty Head/ Dean, Library/ Museum/ Gallery Director)</li> <li>• <b>Defence Force</b> (Commissioned Officer)</li> </ul> <p><b>Qualified Professionals</b> generally have Degree or Higher Qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat &amp; advise on problems; and teach others</p> <ul style="list-style-type: none"> <li>• <b>Health</b> (GP/ Specialist, RN, Dentist, Pharmacist, Vet, Psychologist, Dietician, Radiographer, Optometrist)</li> <li>• <b>Education</b> (Primary/Secondary School Teacher, University Lecturer, Professor, Special Educator)</li> <li>• <b>Law</b> (Solicitor, Judge, Coroner, Legal Officer)</li> <li>• <b>Engineering</b> (Architect, Surveyor, Civil/ Mechanical/ Mining Engineer)</li> <li>• <b>ICT</b> (Computer Systems Manager, Designer, Software/ Applications Programmer)</li> <li>• <b>Science</b> (all Scientists)</li> <li>• <b>Business</b> (Management Consultant, Analyst, Auditor, Actuary, Accountant, Economist)</li> <li>• <b>Social</b> (Welfare/ Community Worker, Counsellor, Minister of Religion, Librarian, Urban Planner, Archivist)</li> <li>• <b>Air/ Sea Transport</b> (Ship's Captain, Pilot, Flight Officer, Flying Instructor, Air Traffic Controller)</li> </ul>