



**MAYLANDS PENINSULA PRIMARY SCHOOL**

**PREFERRED DAYS**

- Monday / Thursday (Wednesday)  
 Tuesday / Friday (Wednesday)

**Wednesdays / Alternating Weeks**

Subject to availability.

**OFFICE USE ONLY**

Date Received \_\_\_\_\_

Year Level - **KINDERGARTEN**

- ID: Birth Certificate, Extract / or Identity Documents  
 Passports / Visas / **OR** Australian Citizenship Certificate  
 1<sup>st</sup> Proof of Address  2<sup>nd</sup> Proof of Address  
 Copies of Family Court Orders (*if applicable*)  
 Information Relating to Health **or** Medical Condition (*if applicable*)

**IMPORTANT**

You must complete a separate enrolment application for each student.

1. Check your application carefully.
2. Applications **will not** be processed until **all supporting documentation** has been provided to **Maylands Peninsula Primary School**.
3. Children enrolling in Kindergarten **must be up to date** with all the scheduled immunisations for their age to be able to attend school. **If your application is accepted**, you will need to provide an Australian Immunisation Register (AIR) History Statement, **no more than two months old**.
4. Children may be enrolled in Kindergarten in **one school only**, either public or private.
5. Interpreters may be available; would an Interpreter be required? **Yes**  **No**

**ENROLMENT DETAILS**

This is a **local intake area** application

This is an **out of area** application

Year Level at Entering - **Kindergarten**

Indicate Start Date:

**STUDENT DETAILS**

Student Surname:

Legal Surname (*If different*):

1<sup>st</sup> Name:

2<sup>nd</sup> Name/s:

3<sup>rd</sup> Name/s:

Preferred First Name:

Date of Birth:

Gender  Male  Female  Other

Residential Address:  
(*Must be completed*)

Suburb:

Postcode:

Postal Address:  
(*If different from above*)

Suburb:

Postcode:

Home Telephone (*if applicable*):

The following questions are used to ensure the school receives funding support for any students who are: Indigenous and / or have a language background other than English.

Please write the actual language(s) used, e.g. Swahili (not African), Punjabi (not Indian), Auslan, Aboriginal English, Torres Strait Creole

**Extra funding helps to provide support for students with a language background other than English.**

Does the student speak a language other than English at Home? (*Please specify*)  
(*If more than one language, including Aboriginal language, indicate the one that is spoken most often*)

Yes

No

What was first language spoken at home?

Does the student mainly speak English at home? **Yes**  **No**

If **NO**, what language does the student mainly speak at home?

**MAYLANDS PENINSULA PRIMARY SCHOOL**

**PARENT / CAREGIVER 1. DETAILS**

**Parent / Caregiver** - (This is the person who is the first point of contact for e.g. absences and emergencies).

Title:	First Name:
Surname:	
Relationship to Student:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential Address:	Suburb: Postcode:
Email Address:	
Mobile:	Work Phone (If convenient):
Occupation:	Employer:
Nationality:	Country of Birth:
Do you mainly speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other please specify below If YES, what Language? <i>(If more than one language, including Aboriginal language, indicate the one that is spoken most often).</i>	
Do any other family members including grandparents, siblings who have lived with, or have regular contact with your child, speak another language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, what Language?	
Parent/caregiver responsible for payment of fees and charges?	Parent 1 <input type="checkbox"/> Parent 2 (only tick one)
<b>If neither</b> , who is responsible?	

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information will help the Department of Education ensure that all students are being well served by our public schools.

**What is the highest year of primary or secondary school completed?**  
(If you did not attend school, mark 'Year 9 or equivalent or below').

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent, or below

**What is the level of the highest qualification completed?**

<input type="checkbox"/> Bachelor's Degree or above	<input type="checkbox"/> Advanced Diploma/Diploma
<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> No non-school qualification

Please select the appropriate parental occupation group from the list on page 10.

**What is the parental occupation group?** (If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8').

- Group 1** - Senior Management in large business organisation, government administration, defence, & qualified professionals
- Group 2** - Other business managers, arts / media / sportspersons & associate professionals
- Group 3** - Tradesmen / women, clerks and skilled office, sales & service staff
- Group 4** - Machine operators, hospitality staff, assistants, labourers, and related workers
- Group 8** - Unemployed, Retired, Student



**MAYLANDS PENINSULA PRIMARY SCHOOL**

**PARENT / CAREGIVER 2. DETAILS**

**Parent / Caregiver 2**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender:  Male  Female  Other

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone (If convenient): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Do you mainly speak English at home? Yes  No

Do you speak a language other than English at home?  No, English only  Yes, other please specify below  
If YES, what Language? \_\_\_\_\_  
*(If more than one language, including Aboriginal language, indicate the one that is spoken most often).*

All parents across Australia, no matter which school their child attends, are asked to provide information about their background. Providing this information will help the Department of Education ensure that all students are being well served by our public schools.

**What is the highest year of primary or secondary school completed?**  
(If you did not attend school, mark 'Year 9 or equivalent or below').

Year 12 or equivalent  Year 11 or equivalent

Year 10 or equivalent  Year 9 or equivalent, or below

**What is the level of the highest qualification completed?**

Bachelor's degree or above  Advanced Diploma/Diploma

Certificate I to IV (including trade certificate)  Non-school qualification

Please select the appropriate parental occupation group from the list on page 10.

**What is the parental occupation group?** (If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8').

**Group 1** - Senior Management in large business organisation, government administration, defence, & qualified professionals

**Group 2** - Other business managers, arts / media / sportspersons & associate professionals

**Group 3** - Tradesmen / women, clerks and skilled office, sales & service staff

**Group 4** - Machine operators, hospitality staff, assistants, labourers, and related workers

**Group 8** - Unemployed, Retired, Student



**MAYLANDS PENINSULA PRIMARY SCHOOL**

**SIBLING DETAILS OF STUDENTS ATTENDING MAYLANDS PENINSULA PRIMARY SCHOOL**

Full Name: Year:

Full Name: Year:

Full Name: Year:

An emergency contact may be called if the school is unable to contact the parents/caregivers.  
Please list any other family members, or person(s) the school can contact regarding the student.  
For example: if child is sick, or the child has not been picked up from the school.

**EMERGENCY CONTACT 1** - (A person who may be contacted in an emergency, if the Parents/Caregivers cannot be contacted by the school).

Title: First Name: Surname:

Mobile No: Relationship to Student:

**EMERGENCY CONTACT 2** - (A person who may be contacted in an emergency, if the Parents/Caregivers cannot be contacted by the school).

Title: First Name: Surname:

Mobile No: Relationship to Student:

**EMERGENCY CONTACT 3** - (A person who may be contacted in an emergency, if the Parents/Caregivers cannot be contacted by the school).

Title: First Name: Surname:

Mobile No: Relationship to Student:

**STUDENT LIVES WITH**

Both Parents/Caregivers

Parent / Caregiver 1 %

Parent / Caregiver 2 %

Guardian Full Name: Relationship to Student:

Other (please specify) Full Name: Relationship to Student:

Are there any Family Court Orders in place regarding the day-to-day care, long term care, welfare, and development of your child?  
Yes  No

If **YES**, please specify and attach supporting documentation:

Is the child subject to access restriction? Yes  No

**CONFIDENTIAL INFORMATION – (if applicable)**

Is the student in the care of Director General Department for Child Protection and Family Support? (CPFS) Yes  No

Name CPFS Case Manager: District:

CPFS Address: Phone No:

Case Manager 's Email Address:

# APPLICATION FOR ENROLMENT – **KINDY**

## MAYLANDS PENINSULA PRIMARY SCHOOL

### STUDENT RESIDENCY STATUS

The following questions are used to ensure the school receives funding support for any students who are Indigenous, and/or have a language background other than English.

Is the student an Australian Citizen?  Yes  No

What is student's country of Birth?

Please ensure you tick the correct box, as the school will receive additional funding to support a range of programs in the school.

Is the student of Aboriginal or Torres Strait Islander origin (TSI)?

No  Aboriginal  Torres Strait Islander (TSI)  Both Aboriginal and Torres Strait Islander (TSI)

Is the student a Permanent Resident?  Yes  No

Is the student a Temporary Resident?  Yes  No

Is there a Bridging Visa?  Yes  No

Visa Sub-Class Number:  
(Please provide a copy of the Visa)

Visa Expiry Date:

Date of Arrival in Australia:

### PREVIOUS SCHOOL

Previous school the child is currently / or last enrolled in:

If previously enrolled in **Home Education**, specify the **Education Region**:

Is your child currently under suspension from a school?  Yes  No

If **YES**, name of the School:

### IMMUNISATION

Children you enrol in Kindy must be up to date with all the scheduled immunisations for their age to be able to attend school. If your application is accepted, you will need to provide an Australian Immunisation Register (AIR) History Statement, no more than two months old.

Is your child immunised?  Yes  No

Is your child?  Up to date  Not up to date  The student has an Immunisation Certificate issued by the Chief Health Officer

### ADDITIONAL IMPORTANT INFORMATION

The physical, mental, emotional and social wellbeing of our students is extremely important and well supported at our school. To best support your child, it is important that the school understands their individual learning and support needs. Having as much information as we can, will help the school look after your child's wellbeing.

From the list below, select any that apply to your child (select as many as you like)

- |   |   |
|---|---|
| <input type="checkbox"/> None                       | <input type="checkbox"/> Behaviour disorder         |
| <input type="checkbox"/> Autism Spectrum Disorder   | <input type="checkbox"/> Physical disability        |
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Acquired brain Injury      |
| <input type="checkbox"/> Difficulties in learning   | <input type="checkbox"/> Language disorder or delay |
| <input type="checkbox"/> Global Developmental Delay | <input type="checkbox"/> Hearing impairment         |
| <input type="checkbox"/> Mental Health Disorder     | <input type="checkbox"/> Vision impairment          |
| <input type="checkbox"/> Intellectual disability    |   |
| <input type="checkbox"/> Other, please specify:     |   |

## APPLICATION FOR ENROLMENT – **KINDY** MAYLANDS PENINSULA PRIMARY SCHOOL

### ADDITIONAL IMPORTANT INFORMATION (cont.)

Has any previous education/care provider prepared a documented plan to support your child's learning?

YES (please provide a copy to the school)

No

From the below list, select any learning adjustments that may be required for your child.

- None
- Changes to learning programs and or/teaching strategies
- Communication, e.g. speaking and/or listening
- Modifications to equipment, furniture, learning spaces and/or learning materials
- Support for personal care needs, e.g. hygiene, toileting, mealtimes and/or health care
- Social support to engage safely with other children and teachers

Other, please specify:

From the list below, select the services that your child has been engaged with (select as many as you like)

- None
- Occupational Therapy
- Speech Therapy
- Paediatrician
- Physiotherapy
- Child Health Nurse

Other, please specify:

Are there any modification or strategies used at home that may help the school to meet your child's educational needs?

YES (please provide a copy to the school)

NO

### REQUIRED DOCUMENT(S) CHECKLIST - Select and tick the documents you have included in this application

The school requires **two items of proof of address**. **ONE** of which must be:

Your current council rates bill **OR**

Rental Agreement **OR** Statutory Declaration must be provided.

**Second proof of address**, a utilities bill showing residential address (**most recent electricity or gas account**).  
In special circumstances the Principal may accept other documents as proof of address. (e.g. Bank Statement, Medicare or a Statutory Declaration).

Copy of Full Birth Certificate, extract, or other identity documents.

**If your application is accepted**, you will need to provide an Australian Immunisation Register (AIR) History Statement, **no more than two months old**.

## APPLICATION FOR ENROLMENT – **KINDY**

# MAYLANDS PENINSULA PRIMARY SCHOOL

### ADDITIONAL DOCUMENT(S) CHECKLIST - Select the documents you have included in this application

- Australia Citizenship Certificate (*where applicable*).
- If parents and/or dependants are born overseas, **you will need to provide evidence of:**
1. Your visa status, visa sub-class number, and date of arrival in Australia.
  2. Copies of parent/s passport details page.
  3. Copies of child/children's passport details page.
- Information relating to any **special needs, disabilities or health issues**, so the school can put processes in place to support the student (*if applicable*).
- Copies of any Family Court Orders (*if applicable*).

### PRIVACY AND DECLARATION

#### I UNDERSTAND – PLEASE TICK TO CONFIRM

- That the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures.
- That information on the Enrolment Form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes providing the Department of Health with my child's immunisation status as requested.
- I am required to notify the school as soon as any of the enrolment details for the student change.
- That if I provide false or misleading information the student's enrolment may be reconsidered or cancelled.

#### I DECLARE – PLEASE TICK TO CONFIRM

- This is the only enrolment I have made for this student; and I have provided all the documentation available to me.

### NAME OF THE PERSON ENROLLING STUDENT

The information and statements provided in this application for enrolment are true and accurate in relation to:

Title:	First Name:	Surname:
Relationship to Child:		
Parent / Caregiver Signature: _____		Date: _____

- If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct.

### OFFICE USE ONLY

Application for Enrolment Approved By:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAYLANDS PENINSULA PRIMARY SCHOOL**

**APPENDIX B**

**KINDERGARTEN DAYS PREFERENCE**

Please select your preferred Kindergarten structure from the options listed below. The Kindergarten programme takes place **over five days each fortnight- 2 days one week and three days the next**. At this stage, we are unable to advise how many Kindergarten groups there will be next year.

If there is any other information you would like the Leadership Team to be aware of when making decisions regarding student placement, please make a note in the 'Other Placement Comments' e.g. keeping twins together, shared pick up/drop off arrangements with other parents/caregivers.

Please note there is **no guarantee** of student placement in a particular group, as student placement remains a Leadership Team decision.

STUDENT DETAILS	
Student Full Name:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PREFERENCE OF DAYS	
<b>NO PREFERENCE</b>	
If you have flexibility in regard to days, please tick the <b>No Preference box</b> as this will assist the school to accommodate parental requests with little or no flexibility.	<input type="checkbox"/>
<b>Monday / Wednesday (Odd Weeks) / Thursday</b>	
Weeks 1,3,5,7,9 Monday / Wednesday / Thursday Weeks 2,4,6,8,10 Monday / Thursday	<input type="checkbox"/>
<b>Tuesday / Wednesday (Even Weeks) / Friday</b>	
Weeks 1,3,5,7,9 Tuesday / Friday Weeks 2,4,6,8,10 Tuesday / Wednesday / Friday	<input type="checkbox"/>
<b><u>Other Placement Comments</u></b>	

**Please go to the next page to answer the questions to assist the Leadership Team with the class placement of your child.**



**MAYLANDS PENINSULA PRIMARY SCHOOL**

**KINDERGARTEN CLASS PLACEMENT**

Student Full Name:

Does your child have any older siblings attending this school?  YES  NO

If **YES**, provide details:

Has your child attended Playgroup or Day Care before?  YES  NO

If **YES**, provide details:

Does your child separate from parents/caregivers easily?  YES  NO

If **NO**, provide details:

Does your child play with other children when involved in the following activities?

- |                                     |                                     |                                   |                                    |                                 |
|-------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| a. Initiate play / activities?      | <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| b. Accept others to play with them? | <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| c. Share toys with others?          | <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| d. Take turns in games?             | <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

Is your child completely toilet trained in the day?  
 Urinate - (wee)  YES  NO  
 Defecate - (poo)  YES  NO

If you answered **NO** for either question, have you started toilet training yet.  YES  NO

***If your child is not toilet trained in the day yet, please continue to train them to use the toilet, so they are ready for the start of the school year. If your child soils themselves at school, you will be called to come into school and clean your child and/or collect them.***

***If you answer 'Yes' for any of the following questions, additional information can be provided in Other Placement Comments on the reverse of this form.***

Does your child have any medical conditions, diagnoses, or other health related concerns?  YES  NO

If **YES**, provide details:

Do you have any concerns regarding your child's development since birth?  YES  NO

Do you have any concerns regarding your child starting Kindergarten?  YES  NO

Do you or your child speak another language other than English?  YES  NO

If YES, what Language?

How well does your child understand English?  Not at all  A little  Quite Well  Fluently

How well does your child speak English?  Not at all  A little  Quite Well  Fluently

Parent / Caregiver Name:

Parent / Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct.

APPLICATION FOR ENROLMENT – **KINDY**  
**MAYLANDS PENINSULA PRIMARY SCHOOL**

**DO NOT FILL IN THIS PAGE NOW!**

**THIS IS TO BE COMPLETED WHEN ENROLLING A STUDENT INTO PRE-PRIMARY**

**NEXT YEAR, FROM MAYLANDS PENINSULA PRIMARY SCHOOL KINDERGARTEN**

**APPENDIX A**

KINDY TO PRE-PRIMARY ENROLMENT FOR THE FOLLOWING YEAR		
NAME OF THE PERSON ENROLLING STUDENT		
The information and statements provided in this application for enrolment are true and accurate in relation to:		
Title:	First Name:	Surname:
Relationship to Child:		
I have checked all the details for this enrolment from Kindy to Pre-Primary		<input type="checkbox"/> Changes <input type="checkbox"/> No Changes
Parent/Caregiver: _____ (Signature)	Date: _____	
Proof of Residence Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		
Australian Immunisation Register (AIR) History Statement, <u>no more than two months old</u> . <input type="checkbox"/> Yes <input type="checkbox"/> No		
OFFICE USE ONLY		
Application for Enrolment Approved: _____ (Signature of Representative)		Date: _____
Enrolment updated on SIS by: _____		Date: _____

# APPLICATION FOR ENROLMENT – **KINDY** (For enrolment in a Western Australia Public School)

## MAYLANDS PENINSULA PRIMARY SCHOOL

### APPENDIX C - OCCUPATION GROUPS

#### What is your Occupation Group?

The main purpose for collecting this information is to promote and implement the National Goals for Schooling by informing State and Commonwealth Governments on matters that may affect resourcing to your child's school and preschool. You will need to use this table to complete the 'Occupation Group' section.

The groups listed here are used by the **Australian Bureau of Statistics** to classify occupations. Please choose the group (1, 2, 3, 4) that you think best describes your occupation. **If you are not currently in paid work but have had a job in the last 12 months, please use your last occupation.**

#### GROUP 1

##### Senior management in large business organisation, government administration & defence, and qualified professionals.

Senior executive/ manager/ department head in industry, commerce, media, or another large organisation.  
Public service manager (section head or above), regional director, health/ education/police/ fire services administrator.  
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director].  
Defence Forces Commissioned Officer.  
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat, and advise on problems; and teach others.  
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.  
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].  
Air/sea transport [aircraft/ ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller].

#### GROUP 2

##### Other business managers, arts/media/sportspersons, and associate professionals.

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.  
Specialist manager [finance/engineering/ production/personnel/ industrial relations/ sales/ marketing].  
Financial services manager [bank branch manager, finance/ investment/ insurance broker, credit/ loans officer].  
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].  
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof-reader, sportsman/ woman, coach, trainer, sports official].  
Associate professionals generally have diploma/ technical qualifications and support managers and professionals Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.  
Business/administration [recruitment/employment/ industrial relations/ training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].  
Defence Forces senior Non- Commissioned Officer.

#### GROUP 3

##### Tradesmen/women, clerks and skilled office, sales, and service staff.

Tradesmen/women generally have completed a 4-year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.  
Clerks [bookkeeper, bank/ PO clerk, statistical/actuarial clerk, accounting/ claims/ audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/ order clerk, freight/ transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk].  
Skilled Office, Sales and Service 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].

#### 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, wait/bar attendant, kitchen hand, porter, housekeeper].  
Office assistants, sales assistants, and other assistants.  
Office [typist, word, processing/data entry/ business machine operator, receptionist, office assistant].  
Sales [sales assistant, motor vehicle/caravan/ parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker].  
Assistant/aide [trades assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].  
Labourers and related workers.  
Defence Forces ranks below senior NCO not included in other groups.  
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, 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].

***These categories have been determined nationally and are designed as broad occupational groupings.  
Australian states and territories use the same categories.***