



BYRON COMMUNITY PRIMARY SCHOOL  
**Curious, creative learners**

Byron Community Primary School Inc.  
 53 Tennyson Street,  
 Byron Bay NSW 2481  
 www.bcps.org.au  
 email: admin@bcps.org.au  
 Phone: 02 6685 8208  
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# Application for Enrolment

**FULL NAME OF STUDENT**

**DATE OF BIRTH**

**FULL NAME OF PARENTS**

  


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**CONTACT NUMBER**

This application form is to place your child on the appropriate waiting list. Enrolment is not confirmed until a letter of offer has been signed and returned and enrolment fees paid.

Birth certificate sighted & copied:

Yes  No Enrolment Date:

Year level for which admission is sought:

K2  K1  1  2  3  4  5  6

Year:

20\_\_\_\_

Is there a medical alert for the student:

Yes  No Notes:

Supporting Documents:

  


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Tour Conducted:

  


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Payment of Application Fee:

  


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Office Use Only

Date Received

# APPLICATION FOR ENROLMENT

## STANDARD COLLECTION NOTICE

**1.** The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.

**2.** Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.

**3.** Laws governing or relating to the operation of a school require certain information be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection Laws.

**4.** BCPS has an obligation to notify the Office of the Australian Information Commission (OAIC) and the affected individuals if there is an 'eligible data breach' in relation to the information the school holds. To satisfy the obligation to notify the OAIC there must have been:

Unauthorised access to, or disclosure of the information  
Information lost,

Or where the unauthorised disclosure is likely to occur, and a reasonable person is satisfied that access or disclosure of that information would likely result in serious harm to the individual to which the information relates.

**5.** Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.

**6.** The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This includes other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers, (sports) coaches, volunteers and counsellors.

**7.** Personal information collected from pupils is

regularly disclosed to their parents or guardians.

**8.** The School may store personal information in the 'cloud' which may mean it resides on servers which are situated outside Australia.

**9.** The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

**10.** The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.

**11.** As you may know the School engages in fundraising activities from time to time. Information received from you may be used to make and appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent.

**12.** On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and on our website. Photographs or pupil activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters. The School will obtain separate permissions from the pupils' parent or guardian prior to publication if we would like to include photographs or other identifying material in promotional material for the school or otherwise make it available to the public such as on the internet.

**13.** We may include pupils' and pupils' parents contact details in a class list and School directory.

**14.** If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to School and why, so that they can access that information if they wish. The School does not usually disclose this information to third parties.

**STUDENT DETAILS**

First Name		Date of Birth	
Middle Name(s)		First Australian School Year	
Surname		Year/Grade	
Preferred Name		Previous School	
My child identifies their gender as:		Previous School Year Level	
		Preschool	

**FAMILY NAME/MAIN HOME ADDRESS OF STUDENT**

Family Surname	
Address of Student	
Home Phone Number	

## Family Mailing Details (if different from above)

Name	
Address	
Email	

## Family Billing Details (if different from above)

Name	
Address	
Email	

**STUDENT LIVING ARRANGEMENTS**

<input type="checkbox"/> Parents Together	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Mother Deceased
<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Other

## Student Lives With:

<input type="checkbox"/> with Both Mother & Father	<input type="checkbox"/> Mostly with Mother & occasionally Father
<input type="checkbox"/> Permanently with Mother	<input type="checkbox"/> Mostly with Father & occasionally Mother
<input type="checkbox"/> Permanently with Father	<input type="checkbox"/> Equal time spent with both Mother & Father
<input type="checkbox"/> Other (please specify)	

**KINDERGARTEN ENROLMENTS ONLY**

What type/s of care outside of home did this student have prior to enrolling at school? (Choose the type accessed in the year prior to school)

Long Day Care	<input type="checkbox"/>	Extent of pre-school attendance:	
Family Day Care	<input type="checkbox"/>	Up to 6hrs per week	<input type="checkbox"/>
Occasional Care	<input type="checkbox"/>	Up to 12hrs per week	<input type="checkbox"/>
Pre-School	<input type="checkbox"/>	12hrs - full time per week	<input type="checkbox"/>
Playgroup	<input type="checkbox"/>	Name of pre-school, long day care or	
Other Care (please specify)	<input type="checkbox"/>	other prior to school service used:	
Do you give BCPS permission to contact child's previous care providers:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**STUDENT NATIONALITY**

Government Requirement

In which country was the student born?

Nationality

 Australia

Ethnic Origin

 Other (please specify)

Is the student of Aboriginal or Torres

Strait Islander origin?

(For persons of both Aboriginal or Torres

Strait Islander origin, mark both 'yes' boxes)

 No Yes - Aboriginal Yes – Torres Strait Islander**RESIDENTIAL STATUS**

(Original documents to be sighted and copies retained by school)

 Australian citizen (Naturalisation Certificate or Australian Passport if country of birth is not Australia) Permanent resident (Passport if country of birth is not Australia) Temporary resident (Passport and Visa) Bridging (Passport & Visa) Other/Visitor/Student/Passport/Visa (Passport & Visa)

Date of arrival in Australia:

**FOR OFFICE USE ONLY**

Residential Status:

 Permanent  Non-Permanent  Refugee

Visa Sub Class:

Visa Number:

Date of Arrival in Australia:

Visa Expiry Date:

Passport Number:

OSHC Expiry Date:

OSHC Membership Number:

Course Description:

Confirmation of Enrolment Course Code:

Course Start Date:

Course End Date:

Confirmation of Enrolment Number:

 OS BRVS RSVS ETV PRS LBOTE ESL ESLASSIST NA/CIEC CSS SSCL OHS

Government Requirement

Does the student speak a language other than English at home?

 No, English only Yes

Main language spoken at home:

Other languages spoken at home:

**MODE OF TRANSPORT** Car Driven Bus Bicycle Walk Other

Days to catch bus and bus number if known:

## MEDICAL DETAILS

DR/Medical Centre Name:	Phone Number:
Doctor's Address:	
Student's Medicare Number:	Expiry Date:

Government Requirement (Original documents to be sighted and copies retained by school)

**Medical Conditions:** Please specify any medical conditions the student suffers from, eg asthma, diabetes and/or any prescribed medication taken by the student (action plan to be attached):

**Allergies:** Please list any known allergies the student has, eg allergy to nuts, penicillin, bee stings including specific details (action plan to be attached):

Has the student been diagnosed as being at risk of anaphylaxis?  Yes  No

If Yes, does the student have an EpiPen?  Yes  No

**Intolerances/Dietary:** Please list any food intolerances the student has or dietary requirements:

## Government Requirement

**Immunisation:** Please indicate if the student has been immunised against the following:

Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Diphtheria-Tetanus-Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Haemophilus Infuenzae type b (Hib)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Pneumococcal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Rotavirus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Measles-Mumps-Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Chickenpox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Human Papillomavirus (HPV) (12-18yrs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:

If not immunised, provide a conscientious objection form, signed by a recognised immunisation provider

This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to enrolment may be revised. Are there any circumstances about the student seeking to be enrolled that the school should know prior to enrolment? (eg living apart from parental supervision, subject of a court order, out of home care arranged by the state) If yes, please provide a brief description of the circumstances:  Yes  No

## SPECIAL NEEDS Government Requirement

Does your child have:	<input type="checkbox"/> Autism	<input type="checkbox"/> Behavioural disorders	<input type="checkbox"/> Hearing impairment
	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Language disorder	<input type="checkbox"/> Mental health issues
	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> ADD/ADHD
	<input type="checkbox"/> Acquired brain injury	<input type="checkbox"/> Giftedness	
	<input type="checkbox"/> Difficulties in the basic areas of learning		<input type="checkbox"/> None of the above
	<input type="checkbox"/> Other – please specify:		
What accommodations and/or learning adjustments, if any, were provided for your child in his/her previous school/ preschool?	<input type="checkbox"/> Signing	<input type="checkbox"/> Braille	<input type="checkbox"/> Reader or scribe
	<input type="checkbox"/> Access to technology	<input type="checkbox"/> Alternative teaching or learning strategies	
	<input type="checkbox"/> Modifications to equipment, furniture and learning spaces	<input type="checkbox"/> Personal carer support	
	<input type="checkbox"/> Other – please specify		

**SPECIAL NEEDS** Government Requirement

To your knowledge, is there anything in your child's history or circumstances (including medical) which might pose a risk of any type to him/her, other students or staff at the school?  Yes  No

If yes, please provide a brief description:

Please provide names and contact details of health professionals or other relevant agencies that have knowledge of these issues:

Does your child have any history of violent behaviour?  Yes  No

Does your child have any history of behavioural problems (including verbal bullying)?  Yes  No

Has your child ever been suspended or expelled from any previous school?  Yes  No

If yes, was this for:

– Actual violence to any person?  Yes  No

– Possession of a weapon or any items used to cause an injury?  Yes  No

– Intimidation, bullying or harassment of students or staff at a school?  Yes  No

– Threats of violence?  Yes  No

– Illegal drugs?  Yes  No

– Other – please specify:

I will provide written consent to the school on request to contact professionals

or other relevant agencies  Yes  No

**SPECIAL ASSESSMENTS**

		Dates (Approx)	Name of Service Provider	Reason for Attending Service
Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Speech Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Early Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other – please specify:				

Has your child's pre-school/previous school expressed any concerns about your child?  Yes  No

If yes, please state reason:

Do you have a previous connection with BCPS?  Yes  No

## CONTACT DETAILS

	Mother/Guardian Residing at same address Non residing parent – please see over	Father/Guardian Residing at same address Non residing parent – please see over
Title		
First Name		
Middle Name		
Surname		
Address		
Home Phone Number		
Work Phone Number		
Mobile		
Email Address		
Occupation (optional)		
Employer/Business (optional)		
What is your Occupational Group? (Refer to list of Parental Occupations)		

### Government Requirement

What is the highest year of primary or secondary school that has been completed? (For persons who have never attended school, mark “year 9 or equivalent or below”)	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 12 or equivalent
	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 11 or equivalent
	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 10 or equivalent
	<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 9 or equivalent or below

### Government Requirement

What is the level of highest qualification that has been completed? (mark one box only)	<input type="checkbox"/> Bachelor, degree or above	<input type="checkbox"/> Bachelor, degree or above
	<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> Advanced Diploma/Diploma
	<input type="checkbox"/> Certificate I to IV (inc. Trade)	<input type="checkbox"/> Certificate I to IV (inc. Trade)
	<input type="checkbox"/> No non-school qualification	<input type="checkbox"/> No non-school qualification
Do you speak any other language(s) other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	1.	1.
	2.	2.
Country of Birth		
Nationality		
Religion (optional)		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced

## EMERGENCY CONTACT DETAILS – NON PARENT – THESE PEOPLE ARE AUTHORISED TO COLLECT MY CHILD

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Title			
First Name			
Surname			
Home Phone Number			
Work Phone Number			
Mobile			
Relationship to student			

**CONTACT DETAILS Non Residential Guardian** Please note: only complete if there is a parent who does not reside at the student's address

Title	Government Requirement What is the highest year of primary or secondary school that has been completed? (For persons who have never attended 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
First Name	
Surname	
Address	
Home Phone Number	Government Requirement What is the level of highest qualification that has been completed? (mark one box only) <input type="checkbox"/> Bachelor, degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (inc. Trade) <input type="checkbox"/> No non-school qualification
Work Phone Number	
Mobile	
Email Address	
Religion (optional)	Occupation & Employer Country of Birth Nationality Religion (optional)
Relationship to student	
Is the school able to contact this parent regarding:	
Enrolment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak any other language(s) other than English at home? If yes, please list: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health <input type="checkbox"/> Yes <input type="checkbox"/> No	
Finance <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your Occupational Group? (Refer to list of Parental Occupations)	

**COURT ORDERS (IF APPLICABLE)**

Are there any current court orders relating to the student?     Yes     No

If yes, copies of these court orders eg AVO's, Family Court/Federal Magistrate Court orders or other relevant court orders must be provided.

Is there any other information you wish the school to be aware of?

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**CHILDREN IN FAMILY ATTENDING A SCHOOL/PRE-SCHOOL**

Please list below all children in your family attending a School/Pre-School

	Full Name	School Year	Date of Birth	School Attending
Child				
Child				
Child				
Child				

**FAMILY CONTRIBUTION**

What skills can you bring to our school for family contribution?

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# AGREEMENTS

## PAYMENT OF FEES

Enrolment carries an obligation to pay all required school fees and levies.

A copy of the School's Enrolment Policy and Schedule of Fees are attached. In signing below you are confirming that you take full responsibility for payment of fees and charges as required under Byron Community Primary School's Enrolment Policy, and that you allow the school to communicate with either parent about fee related issues.

I understand my child's continued enrolment is dependent on my fees being paid in full by the end of week two of each term unless arrangements are made to pay by written and signed agreement with the Finance & Administration Manager.

Parent 1: Please Print Name

Signature:

Parent 2: Please Print Name

Signature:

## PERMISSIONS

**Medical Treatment Permission:** If my child needs urgent hospital or medical treatment of any nature and the school is unable to contact a parent or guardian after making reasonable efforts, I authorise the school to give authority for such treatment. I indemnify the school, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.  Yes  No

**Short Excursion Permission:** I give permission for my child to attend school outings within the general locality.  Yes  No

**Use of Photographs within the school community:** I give permission for photographs of my child to be used for school articles/newsletter.  Yes  No

**Use of Photographs out within the community:** I give permission for photographs of my child to be used for school promotions and publications, including the school website, Facebook & Youtube.  Yes  No

**Use of Resources:** I accept responsibility for any library books or equipment sent home, and agree to replace any lost or damaged items.  Yes  No

Permission for BCPS to disclose information/data to the Dept of Education or alike organisations/agencies on their child/ren.  Yes  No

## AGREEMENTS

Your application is unable to be processed unless ALL documents required are submitted.

I agree to support the school policies in relation to studies, discipline and the general operation of the school including the enrolment and student attendance policies.  Yes  No

I have included copies of the following documents with application for enrolment:

Birth Certificate:  Yes  No

Passport, Visa, Citizenship documentation (where applicable):  Yes  No

Most recent previous school reports and external tests (where applicable):  Yes  No

Photo:  Yes  No

Cover Letter:  Yes  No

Current relevant Family Court orders (where applicable):  Yes  No

Relevant medical and/or special needs information including clinical/education assessments (where applicable):  Yes  No

Immunisation certificate or conscientious objection signed by a recognised immunisation provider:  Yes  No

Medical Action Plans (where applicable):  Yes  No

Signed Code of Conduct (attached):  Yes  No

Parent 1: Please Print Name

Signature:

Parent 2: Please Print Name

Signature:

# STUDENT CODE OF CONDUCT

## AS A STUDENT AT BYRON COMMUNITY PRIMARY SCHOOL I HAVE THE RESPONSIBILITY TO:

1. Treat others with respect and understanding and to show care and consideration to others.
2. Make the school a safe, secure place for everyone by learning to play and act in a safe, co-operative way, including promoting respect for individual differences among students.
3. Show respect and care for the property of others.
4. Co-operate with school staff and my classmates; abide by school agreements and policies and to learn in a way which does not interfere with the rights of others to learn.
5. Care for my school environment and keep it neat and clean.
6. Support all school activities and do my best for my school at all times.
7. Make complaints constructively, either directly with my teacher or fellow student or through the SRC
8. Access online material responsibly and abide by laws regulating the use of social media, including any age restrictions that may apply.

# PARENT & VOLUNTEER CODE OF CONDUCT

## AS A PARENT/VOLUNTEER AT BYRON COMMUNITY PRIMARY SCHOOL I HAVE THE RESPONSIBILITY TO:

1. Co-operate under the direction of the class teachers and/or Principal when undertaking tasks at the school and to treat others with respect and understanding.
2. Model behaviour that promotes safety and cooperation and to be aware of and abide by the policies of the school.
3. Show respect and care for the property of others.
4. Support all school activities and do my best for my school at all times.
5. Make complaints constructively, either directly with the Teacher or Principal, or on the Feedback Form to Management Team meetings.
6. Ensure your child accesses online material responsibly and abide by laws regulating the use of social media, including any age restrictions that may apply.

I understand my responsibilities and agree to follow the Code of Conduct:

Signed:

Date:

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Signed:

Date:

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# PARENT OCCUPATION GROUP DESCRIPTIONS

## GROUP 1:

- Senior management in a large business organisation, government administration and defence & qualified professionals
- 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/gallery director, research facility director)
- Defence Forces Commissioned Officer
- Professionals generally have a degree or higher qualifications & 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 professionals
- Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- Air/Sea transport (aircraft/ships 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 a completed a 4 year Trade Certificate, usually apprenticeship. All tradesmen/women are included in this group
- Clerks (bookkeeper, bank PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, record/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 staff
- Office (secretary, personal assistant, desktop publishing operator, switchboard operator)
- Sales (company sales representative, auctioneer, insurance, agent/assessor/loss adjuster, market researcher)
- Service (ages/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

## GROUP 4:

- Machine operators, hospitality staff, assistants, labourers and related workers
- Drivers, mobile plant, production/processing machinery and other machinery operators
- Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper)
- Office assistants, sales assistants and other assistants
- Office (typist, word processing/data entry/business machine operator, receptionist, office assistant)
- Sales (sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- Assistant/aide (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 above
- Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand)
- Other worker (labourer, factory hand, storeman, guard, cleaner, laundry worker, trolley collector, car park attendant, crossing supervisor)

