Vision Statement

St. Michael’s School community aspires to provide a secure, caring, learning environment, where commitment to Faith, Truth and personal endeavour are encouraged as a way of life.

CEWA Ltd Privacy Collection Notice

1. Catholic Education Western Australia Limited (‘We’) collect personal information, including sensitive information about you. This may be in writing, through technology systems or in the course of conversations. The primary purpose of collecting your information is to support the design and safe delivery of the educational programme to each student in their CEWA community of faith.
2. Some of the information we collect is to satisfy our legal obligations, particularly to enable the Principal and CEWA to discharge their duty of care.
3. The law also requires us to collect, use and disclose certain information. These include and are not limited to the School Education Act. 1999, the Children and Community Services Act (WA) 2004, and other common law.
4. Health information about students is sensitive information within the terms of the Privacy Act 1988. We may collect such information for the purpose of considering and administering the enrolment.
5. A student’s enrolment may be delayed or prevented and their education adversely affected if CEWA cannot collect certain personal information.

CEWA may disclose personal and sensitive information for educational, administrative and support purposes. This may include to:

- staff and governing bodies of Catholic, government and non-government schools;
- government departments (including for policy and funding purposes);
- The Catholic Education Office, the parish and the Archdiocese or Dioceses, other related church agencies/entities;
- medical practitioners;
- people providing educational, support and health services to CEWA, including specialist visiting teachers, tutors, coaches, volunteers, and counsellors;
- people participating in, ancillary or incidental to, digital communication such as teams video and chats;
- providers of learning and assessment tools;
- assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority (ACARA) and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN);
- agencies and organisations to whom we are required to disclose personal information for education and research purposes;
- people providing administrative and financial services to CEWA;
- anyone you authorise CEWA to disclose information to; and
- anyone to whom CEWA is required or authorised to disclose the information by law, including child protection laws.

6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. If you make an enrolment application to another CEWA or government school, personal information provided during the application stage may be used in this process. This personal information may include health information and is used for the purpose of considering and administering the enrolment.
8. CEWA uses centralised information management and storage systems (‘Systems’). These Systems are provided by CEWA and third-party service providers.
9. Personal information is stored with and accessible by those providers for the purpose of providing services to CEWA.
10. CEWA may use online or ‘cloud’ service providers to store personal information and to provide services that involve the use of personal information, such as services relating to email, instant messaging, online education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider’s server which may be situated outside Australia. Further information about CEWA’s use of an online or ‘cloud’ service providers is contained in CEWA’s Statutory Privacy Policy.
11. CEWA’s Statutory Privacy Policy, accessible on CEWA’s website, sets out how you may seek access and correct your personal information. However, access may be refused in certain circumstances such as where access would have an unreasonable effect on the privacy of others, or where access may result in a breach of CEWA’s duty of care to the student, where students have provided information in confidence or where CEWA is otherwise required or authorised by law to refuse access. Any refusal will be notified in writing with reasons (unless, given the grounds for refusal, it would be unreasonable to provide reasons).
12. CEWA’s Statutory Privacy Policy also sets out how you can make a complaint about a Privacy breach and how the complaint will be handled.
13. CEWA may engage in fundraising activities. Your information may be used to make an appeal to you. It may also be disclosed to organisations that assist CEWA’s fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
14. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines, and on our website, or otherwise shared with the CEWA community. This may include photographs and videos of student activities such as sporting events, concerts and plays, school camps and school excursions. CEWA will obtain permissions from the student’s parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos or other identifying material in our promotions or otherwise make this material available to the public such as on the internet.
15. If you provide CEWA with others’ personal information, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why.
16. As with all decisions concerning children, the best interests of the student are a primary and overriding consideration in the management of information. A student’s right to safety prevails above all other considerations, including theirs and others’ right to privacy.
SECTION I : PERSONAL DETAILS

Student First Name ______________________________

Surname ____________________________________

Preferred Name _________________________________

☐ Male  ☐ Female  ☐ Other  Date of Birth _____ / _____ / ______

Birth Certificate is mandatory

Medicare No ____________________________ Ref No ________ Expiry ________

Citizenship Status:  Australian Citizen ☐ New Zealand Citizen ☐

Permanent Resident ☐ Temporary Resident ☐ Other ____________________________

Present School (if applicable) ____________________________________________ Year Level ______

School’s Address _______________________________________________________

SECTION II : STUDENT DEMOGRAPHICS

Aboriginal ☐ YES ☐ NO  Torres Strait Islander ☐ YES ☐ NO

If “Yes” above, Group of Origin ___________________________________________

Ethnicity __________________________________ Relgion ____________________________

Main Language spoken at home _____________________________________________

Country of Birth __________________________________ Country of Citizenship ____________

Date of Arrival in Australia ________ Visa Number ____________________________

Australian Permanent Resident ☐ YES ☐ NO

Please provide Visa, proof of Australian Citizenship and/or proof of Permanent Residency if applicable

SECTION III : RELIGION

Has child received the Sacrament of Baptism in the Catholic Church? ☐ YES ☐ NO

If “Yes” above, please complete questions on Reception of Sacraments

If “No” above, what is child’s religious denomination? ____________________________

RECEPTION OF SACRAMENTS IN THE CATHOLIC CHURCH

Date of Baptism _________________ Parish ____________________________

Please provide Baptism Certificate

First Reconciliation ☐ YES ☐ NO  If “Yes”, date of receiving sacrament _____ / _____ / ______

First Eucharist ☐ YES ☐ NO  If “Yes”, date of receiving sacrament _____ / _____ / ______

Confirmation ☐ YES ☐ NO  If “Yes”, date of receiving sacrament _____ / _____ / ______

Please provide Sacramental certificates
SECTION IV : SCHOOLING

Siblings Attending St Michael’s School

Name: __________________________________________  Year ___

Name: __________________________________________  Year ___

Name: __________________________________________  Year ___

Siblings Currently Attending Other Schools

Name: __________________________________________  Year ___School __________________________

Name: __________________________________________  Year ___School __________________________

SECTION V : IMMUNISATION

Please fill in this section, based on your child’s immunisation history. Please note, if your child has not received all their scheduled 4-year-old vaccinations, the status is “Incomplete.”

<table>
<thead>
<tr>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>Diphtheria</th>
<th>Tetanus</th>
<th>Immunisation Record Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Pertussis</td>
<td>Polio (OPV)</td>
<td></td>
<td></td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td></td>
<td>(Whooping Cough)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Doctor’s Name _______________________________________________________________________________

Medical Centre ______________________________________________________________________________

Address _____________________________________________________________________________________

Medical Centre Phone Number __________________________

Ambulance Cover ☐ YES ☐ NO  Health Fund ____________________ Member Number ____________________
PRIMARY CARER 1 (Parent or Guardian)

Title: □ Mr  □ Mrs  □ Ms  □ Miss  □ Dr  □ Other __________
□ Male  □ Female □ Other

First Name ___________________________________________ Surname ___________________________________________

Mobile __________________________ Email ________________________________________________________________

Home Address ______________________________________ Postcode __________
Postal Address ______________________________________ Postcode __________

Medicare No __________________________ Ref No ________ Expiry __________

Occupation __________________________ Employer ___________________________________________________________

Work ___________________________ Home _____________________________________________________________

Relationship to student: ______________________________________ (e.g. mother, stepfather etc)

Lives with Student □ Yes □ No  Living Arrangements □ Always □ Balanced □ Other

Family Type □ Full  □ Split

Religious Denomination _________________________________

If Catholic, Parish ___________________________ Suburb ___________________________

Australian Citizen □ YES □ NO  Country of Birth _________________________________

If born in Australia, Town and State of Birth _________________________________

If not Australian Citizen, Country of Citizenship _________________________________

If born outside Australia, Date of Arrival in Australia _________________________________

Australian Permanent Resident □ YES □ NO  Visa Number/Class ____________________

If born outside Australia or Country of Citizenship is other than Australia, please provide Visa and/or Proof of Permanent Residency; Also proof of Australian Citizenship (if applicable)
PRIMARY CARER 2 (Parent or Guardian)

TITLE:  □ Mr  □ Mrs  □ Ms  □ Miss  □ Dr  □ Other __________
□ Male  □ Female  □ Other

First Name ___________________________________ Surname ______________________________________
Mobile ________________________________ Email _____________________________________________
Home Address ___________________________________________ Postcode ______
Postal Address ___________________________________________ Postcode ______
Medicare No ____________________________ Ref No ________ Expiry ____________
Occupation ___________________________________________ Employer __________________________________
Work?? ___________________________ Home ___________________________________________
Relationship to student ____________________________________________ (e.g. mother, stepfather etc)
Lives with Student □ Yes □ No Living Arrangements □ Always □ Balanced □ Other

Family Type □ Full □ Split

Religious Denomination _____________________________________________
If Catholic, Parish ________________________________ Suburb ________________________________

Australian Citizen: □ YES □ NO Country of Birth ________________________________
If born in Australia, Town and State of Birth _______________________________________
If not Australian Citizen, Country of Citizenship _______________________________________
If born outside Australia, Date of Arrival in Australia _________________________________

Australian Permanent Resident □ YES □ NO Visa Number/Class _____________________

If born outside Australia or Country of Citizenship is other than Australia, please provide Visa and/or Proof of Permanent Residency; Also proof of Australian Citizenship (if applicable)

CUSTODY / GUARDIANSHIP

Name of person(s) with legal guardianship of the student _____________________________________________
______________________________________________________________________________________________
Any other conditions enforced at law? ___________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

If applicable, provide copies of any Parenting or Restraint Order.
LOCAL EMERGENCY CONTACTS (OTHER THAN A PARENT/GUARDIAN)

TITLE ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other __________
☐ Male ☐ Female ☐ Other

First Name ___________________________ Surname ___________________________

Home ___________________________ Mobile ___________________________ Work ___________________________

Home Address ___________________________________________________________ Postcode _______

Relationship to student (e.g. grandparent, friend etc) _____________________________________________

RESPONSIBILITY FOR PAYMENT OF SCHOOL FEES

NAME/S and SIGNATURE/S of the person/s who will pay the School Fees Account

I/we understand and agree that my/our obligation to pay all outstanding fees and charges is not varied despite any
changes in the nature of my/our relationship, nor by any court order binding on me/us relating to fee payment, nor by
rulings of the Child Support Agency, nor agreement not co-signed by the Principal. I/we understand and agree that
my/our agreement to pay all outstanding fees and charges can only be varied in writing and signed by all parties to
this Agreement. I/we understand and agree to address and resolve any dispute between us about fee payments
with each other and not involve the school. I/we understand and agree that any arrangement by the Principal to
separately invoice me/us does not amount to a variation of this agreement by me/us to pay all fees.

Signature __________________________________ Name ___________________________ Date __________

Signature __________________________________ Name ___________________________ Date __________
I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

**MEDICAL EMERGENCY AUTHORISATION**

I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

**ACCEPTANCE OF ACKNOWLEDGEMENTS / AUTHORISATIONS**

**SIGNATURE OF PARENT / GUARDIAN 1**

Name _______________________________ Signature ___________________________ Date ____________

**SIGNATURE OF PARENT / GUARDIAN 2**

Name _______________________________ Signature ___________________________ Date ____________

**DISCLOSURE OF PERSONAL INFORMATION**

Personal information collected and stored by the School is subject to the Privacy Act and the CECWA Privacy Policy Statement.

Do you give your permission to be contacted via email by the class parent representative? □ YES □ NO

The class representative is an important liaison between P&F and the parent community in relation to P&F activities such as family events, fundraising etc. (e.g. family disco, walkathon).
A copy of each of the following details must be attached to this application, where applicable:

- ☐ Birth Certificate Attached
- ☐ Baptism Certificate Attached
- ☐ Parish Priest Reference Attached
- ☐ Medicare Immunisation History Statement (as at date within 2 months of application)
- ☐ Student Visa / Citizenship / Residency Documentation Attached
- ☐ Parent Visa / Citizenship / Residency Documentation Attached
- ☐ Custody Arrangements Attached
- ☐ Previous School Report if PP -Year 6
- ☐ Data Collection Form Attached
- ☐ Publication and Use of Images Form Attached

Office Use

- ☐ Application Fee Paid _____ /_____ / _____
- ☐ Application Entered in AoS
The CEWA Ltd Policy Statement on Student Enrolment requires the enrolling Principal to consult the Parish Priest.

Completion of this form and presentation to the Parish Priest forms part of the enrolment process for St Michael’s School, Bassendean. Contact should be made with the parish secretary to find out the process for that parish.

TO BE COMPLETED BY PARENT

To the Parish Priest at: ______________________________________________________
Name of Student: ___________________________________________ Date of Birth: _____________
Address: __________________________________________________________________
Phone No: ____________________________ Mobile: ___________________________
Mother’s Name: _____________________________ Father’s Name: ____________________________
Current School: ________________________________________________________________________
If Government school, does child attend school scripture classes in the Parish? YES / NO

In a Catholic school, the parish and the school work in close collaboration with parents in fostering the faith development of the students. How do you see yourselves as parents fitting into the life of your parish?
____________________________________________________________________________________
____________________________________________________________________________________

TO BE COMPLETED BY PARISH PRIEST OR HIS DELEGATE

Please complete the information below in reference to the family information above.

Q1. Is the family actively involved in the life of the Church? ___________________________

Q2. Do you believe that parental attitudes towards the values, beliefs and practices of the Catholic Faith are such that the school and home would be able to work successfully in the areas of Faith Education?
________________________________________________________________________________
________________________________________________________________________________

Q3. Are there any pastoral circumstances you consider need to be taken into account in the decision about this student’s enrolment in our school?
________________________________________________________________________________
________________________________________________________________________________

Q4. Any other comments: __________________________
________________________________________________________________________________

Signed: ___________________________________________ Name: ____________________________

Please stamp with the Parish stamp.

To the Parish Priest: Please send this completed form to: St Michael’s School, PO Box 428, Bassendean WA 6934 or email to: admin@stmichaelsbass.wa.edu.au
This information is being collected to enable nationally comparable reporting of students' outcomes against the National Goals for Schooling in the Twenty-First Century. This information is collected in accordance with the school's Privacy Policy.

Note: If you need help with this form please contact St Michael's School on 6278 9888.

Name of student:
First name
Last name
Date of Birth (dd/mm/yyyy)

Home address of student:
(No. and street name)
Suburb
Postcode

1 What is the student's gender?
Male □
Female □

2 Is the student of Aboriginal or Torres Strait Islander origin?

<table>
<thead>
<tr>
<th>(office use only)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No □ 4</td>
<td></td>
</tr>
<tr>
<td>Yes, Aboriginal □ 1</td>
<td></td>
</tr>
<tr>
<td>Yes, both Aboriginal and Torres Strait Islander □ 3</td>
<td></td>
</tr>
</tbody>
</table>

3 In which country was the student born?

<table>
<thead>
<tr>
<th>(office use only)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia □ 1101</td>
<td></td>
</tr>
<tr>
<td>England □ 2102</td>
<td></td>
</tr>
<tr>
<td>India □ 7103</td>
<td></td>
</tr>
<tr>
<td>Indonesia □ 5202</td>
<td></td>
</tr>
<tr>
<td>Ireland □ 2201</td>
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<td>Italy □ 3104</td>
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<td>Malaysia □ 5203</td>
<td></td>
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<tr>
<td>New Zealand □ 1201</td>
<td></td>
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<tr>
<td>Philippines □ 5204</td>
<td></td>
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<tr>
<td>Singapore □ 5205</td>
<td></td>
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<tr>
<td>South Africa □ 9225</td>
<td></td>
</tr>
<tr>
<td>United States of America □ 8104</td>
<td></td>
</tr>
<tr>
<td>Vietnam □ 5105</td>
<td></td>
</tr>
<tr>
<td>Other – please specify</td>
<td></td>
</tr>
</tbody>
</table>
4 Does the student or their parent/guardian/carer speak a language other than English at home?

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

<table>
<thead>
<tr>
<th>Student</th>
<th>Parent 1 / Guardian 1 / Carer 1 (Female)</th>
<th>Parent 2 / Guardian 2 / Carer 2 (Male)</th>
<th>(office use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, English only</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Aboriginal English</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Aboriginal language Specify:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Afrikaans</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Arabic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Burmese</td>
<td>☐</td>
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<tr>
<td>Yes, Cantonese</td>
<td>☐</td>
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<tr>
<td>Yes, Croatian</td>
<td>☐</td>
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<tr>
<td>Yes, Dinka</td>
<td>☐</td>
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<tr>
<td>Yes, Filipino</td>
<td>☐</td>
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<tr>
<td>Yes, French</td>
<td>☐</td>
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<tr>
<td>Yes, Gaelic</td>
<td>☐</td>
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<tr>
<td>Yes, Hindi</td>
<td>☐</td>
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<tr>
<td>Yes, Indonesian</td>
<td>☐</td>
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<tr>
<td>Yes, Italian</td>
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<tr>
<td>Yes, Japanese</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Malay</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Malayalam</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Mandarin</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Polish</td>
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<td>Yes, Shona</td>
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<tr>
<td>Yes, Portuguese</td>
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<td>Yes, Punjabi</td>
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<td>Yes, Sinhalese</td>
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<tr>
<td>Yes, Spanish</td>
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<tr>
<td>Yes, Tagalog</td>
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<tr>
<td>Yes, Tamil</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes, Vietnamese</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Yes, Other - please specify</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
5 (a) What is the highest year of primary or secondary school the parents/guardians have completed?  
(For persons who have never attended school, mark ‘Year 9 or equivalent or below’.)

<table>
<thead>
<tr>
<th>Mark one box only in each column</th>
<th>Parent 1 / Guardian 1 / Carer 1 (Female)</th>
<th>Parent 2 / Guardian 2 / Carer 2 (Male)</th>
<th>Office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 12 or equivalent</td>
<td>☐</td>
<td>☐</td>
<td>4</td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td>☐</td>
<td>☐</td>
<td>3</td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td>☐</td>
<td>☐</td>
<td>2</td>
</tr>
<tr>
<td>Year 9 or equivalent or below</td>
<td>☐</td>
<td>☐</td>
<td>1</td>
</tr>
</tbody>
</table>

5 (b) What is the level of the highest qualification the parents/guardians have completed?

<table>
<thead>
<tr>
<th>Mark one box only in each column</th>
<th>Parent 1 / Guardian 1 / Carer 1 (Female)</th>
<th>Parent 2 / Guardian 2 / Carer 2 (Male)</th>
<th>Office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor degree or above</td>
<td>☐</td>
<td>☐</td>
<td>7</td>
</tr>
<tr>
<td>Advanced diploma/Diploma</td>
<td>☐</td>
<td>☐</td>
<td>6</td>
</tr>
<tr>
<td>Certificate I to IV (including trade certificate)</td>
<td>☐</td>
<td>☐</td>
<td>5</td>
</tr>
<tr>
<td>No non-school qualification</td>
<td>☐</td>
<td>☐</td>
<td>8</td>
</tr>
</tbody>
</table>

6 (a) What is the occupation group of Parent 1/Guardian 1/Carer 1 (Female)? ☐

6 (b) What is the occupation group of the Parent 2/Guardian 2/Carer 2 (Male)? ☐

Please select the appropriate parental occupation group from the list on page 4-5.

- If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person’s last occupation.
- If the person has not been in paid work in the last 12 months, enter ‘8’ in the box above.

Thank you for your time. Please return this form to the school.
### List of Parental Occupation Groups (for Question 6)

#### Group 1: Elected officials, senior executives/manager, management in large business organisation, government administration and defence, and qualified professionals

- **Elected officials** (mayor, parliamentarian, alderperson, trade union secretary, board member)
- **Senior executives/general managers/department heads in industry, commerce, media or other large organisation**
  - Public sector manager (public service manager (section head or above), regional director, hospital/health services education)
  - Other administrator (school principal, faculty head/dean, library/museum/gallery director, research facility director)
  - Defence forces (Commissioned Officer)
- **Qualified 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 (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietitian, radiographer, podiatrist)
  - Education (primary/secondary school teacher, university lecturer, professor, VET, special education)
  - Law (lawyer, judge, barrister, coroner, solicitor, legal officer)
  - Engineering (architect, surveyor, chemical/civil/mechanical/mining engineer)
  - ICT (computer systems manager, designer, software and applications programmers)
  - Science (all scientists)
  - Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)
  - Social (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)
  - Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

#### Group 2: Other business managers/professionals and associate professionals

- **Other business managers/professionals**
  - Farm/business owner/manager (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)
  - Specialist manager (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)
  - Finance (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)
  - Retail sales/services manager (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)
  - Arts/media (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)
  - Sportsperson (coach, trainer, sports official, sportsperson)

- **Associate professionals** generally have diploma/technical qualifications and support managers and professional
  - Medical, science, architectural, building, surveying, engineering, computing, ICT support technician
  - Health (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)
  - Legal (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)
  - Business/administration (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)
  - Defence Forces (senior non-Commissioned Officers [NCO])
  - Other (library assistant, museum/gallery technician, research assistant, proof reader)
### Group 3: Tradespeople and advanced/intermediate clerical, office, sales, carer and service staff

**Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

**Advanced/intermediate clerical, office, sales, carer and service staff**
- **Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)
- **Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)
- **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)
- **Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)
- **Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)
- **Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

### Group 4: Machine operators, sales/office/service/hospitality staff, assistants, labourers and related workers

**Machine operators**
- **Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)
- **Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)
- **Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/poists, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)

**Sales office, hospitality staff and other assistants**
- **Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)
- **Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)
- **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)
- **Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)

**Defence Forces** ranks below senior NCO

**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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

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**GROUP 8 - If the person has not been in paid work in the last 12 months, enter '8'.**
STANDARD COLLECTION NOTICE
PUBLICITY AND USE OF IMAGES

As part of the school’s publicity activities there may, on occasion, arise the situation whereby the school, Catholic Education WA (CEWA) or local media will need to take photographs and/or video footage of your child/ren for publication in newspapers, school documents, CEWA and Catholic agency documents (e.g. Caritas, CDF, Lifelink, etc), training videos and/or the school/CEWA website. This also includes the school newsletter (which is placed on our website), the school annual, and the school social media.

If you give your consent for yourself or your child/ren to feature in such publicity, and/or have their names featured in such, please complete the reply slip below and return it the school office. This consent remains in place for the duration of your child’s enrolment at St Michael’s School. If your wishes change regarding the use of your child’s name/image in the future, a new form will need to be returned to the office.

If we do not receive your written consent for their use, your child’s name and image will not appear in the school newsletter, nor in the school annual.

Please note your child’s first name and surname will be used in the school annual and the yearly official school photographs.

Dr Siobhan Galos
Principal

Please circle the response to give permission for you and/or your child’s photo/video image or name to be used in school publicity activities undertaken by the school, the school newsletter and Annual, CEWA, social media and local media.

- I give permission for my son/daughter’s photo/video image to be used: YES  NO
- I give permission for my son/daughter’s first name to be included: YES  NO
- I give permission for my/our photo/video image to be used: YES  NO

Name of Parent/Guardian

Signature of Parent/Guardian  Date