



Lady Nelson Early Learning & Childcare  
 89 Lady Nelson Way, Keilor Downs 3038  
 Ph: (03) 9367 1114 | Fax: (03) 9366 8197  
 Email: [info@ladynelsonchildcare.com](mailto:info@ladynelsonchildcare.com)

## Confidential Enrolment Form

A parent or guardian who has parental responsibility in relation to the child must complete this form. A brief explanation of parental responsibility is found at the end of this form. We may use this form to collect the child's enrolment information as required in regulations. You are encouraged to answer these questions to assist our service in caring for your child.

### INFORMATION ABOUT THE CHILD

CHILD'S INFORMATION	
FAMILY NAME:	GIVEN NAMES:
USUALLY CALLED:	DATE OF BIRTH:
HOME ADDRESS:	
GENDER:	CULTURAL BACKGROUND:
COUNTRY OF BIRTH:	RELIGION:
CHILD CUSTOMER REFERENCE NUMBER (CRN):	Please Note: Parent & Child have their own individual CRN number.
START DATE:	ROOM:
LANGUAGES USED IN THE CHILD'S HOME:	
IS YOUR CHILD:	
ABORIGINAL    YES <input type="checkbox"/> NO <input type="checkbox"/> <span style="margin-left: 200px;">TORRES STRAIT ISLANDER    YES <input type="checkbox"/>    NO <input type="checkbox"/></span>	
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? DETAILS: _____ _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
DAYS REQUIRED (PLEASE CIRCLE):    MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY	
HOW DID YOU HEAR ABOUT US?:	

## PARENT INFORMATION

<b>MOTHER'S DETAILS</b>			
NAME:		DATE OF BIRTH:	
MOTHER'S CUSTOMER REFERENCE NUMBER (CRN):			
HOME ADDRESS:			
EMAIL ADDRESS:			
HOME PHONE:		WORK PHONE:	
MOBILE PHONE:		DOES THE CHILD LIVE YES <input type="checkbox"/> NO <input type="checkbox"/> WITH THE MOTHER?	
CULTURAL BACKGROUND:		COUNTRY OF BIRTH:	
RELIGION:		HOME LANGUAGE:	
OCCUPATION:		EMPLOYER:	
WORK ADDRESS:			
<b>(PLEASE CIRCLE):</b> <b>WORK FULL-TIME</b> <b>WORK PART-TIME</b> <b>STUDY FULL-TIME</b> <b>STUDY PART-TIME</b> <b>OTHER</b>			
<b>FATHER'S DETAILS</b>			
NAME:		DATE OF BIRTH:	
FATHER'S CUSTOMER REFERENCE NUMBER (CRN):			
HOME ADDRESS:			
EMAIL ADDRESS:			
HOME PHONE:		WORK PHONE:	
MOBILE PHONE:		DOES THE CHILD LIVE YES <input type="checkbox"/> NO <input type="checkbox"/> WITH THE FATHER?	
CULTURAL BACKGROUND:		COUNTRY OF BIRTH:	
RELIGION:		HOME LANGUAGE:	
OCCUPATION:		EMPLOYER:	
WORK ADDRESS:			
<b>(PLEASE CIRCLE):</b> <b>WORK FULL-TIME</b> <b>WORK PART-TIME</b> <b>STUDY FULL-TIME</b> <b>STUDY PART-TIME</b> <b>OTHER</b>			

## GUARDIAN INFORMATION (If applicable)

GUARDIAN 1 DETAILS	
NAME:	DATE OF BIRTH:
GUARDIAN'S CUSTOMER REFERENCE NUMBER (CRN):	
HOME ADDRESS:	
EMAIL ADDRESS:	
HOME PHONE:	WORK PHONE:
MOBILE PHONE:	DOES THE CHILD LIVE YES <input type="checkbox"/> NO <input type="checkbox"/> WITH THE GUARDIAN?
CULTURAL BACKGROUND:	COUNTRY OF BIRTH:
RELIGION:	HOME LANGUAGE:
OCCUPATION:	EMPLOYER:
WORK ADDRESS:	
<b>(PLEASE CIRCLE):</b> WORK FULL-TIME                            WORK PART-TIME STUDY FULL-TIME                            STUDY PART-TIME            OTHER	
GUARDIAN 2 DETAILS	
NAME:	DATE OF BIRTH:
GUARDIAN'S CUSTOMER REFERENCE NUMBER (CRN):	
HOME ADDRESS:	
EMAIL ADDRESS:	
HOME PHONE:	WORK PHONE:
MOBILE PHONE:	DOES THE CHILD LIVE YES <input type="checkbox"/> NO <input type="checkbox"/> WITH THE GUARDIAN?
CULTURAL BACKGROUND:	COUNTRY OF BIRTH:
RELIGION:	HOME LANGUAGE:
OCCUPATION:	EMPLOYER:
WORK ADDRESS:	
<b>(PLEASE CIRCLE):</b> WORK FULL-TIME    WORK PART-TIME STUDY FULL-TIME    STUDY PART-TIME    OTHER	

## EMERGENCY CONTACT AUTHORISATIONS

Please list below the details of those people who you have authorised as emergency contacts for the child. This list may be added to at any time. In the event that the parents/guardians cannot be contacted, the person/s listed below with authority will be contacted. Please write those contacts that you authorise to:

- Be an authorised nominee (a person with permission to collect the child)
- Be notified of an emergency involving the child, if parents cannot be contacted
- Consent to medical treatment of, or administration of medication to, the child
- Authorise an educator to take the child outside the centre premises

<b>PERSON 1</b>		<b>PERSON 2</b>	
NAME:		NAME:	
RELATIONSHIP TO CHILD:		RELATIONSHIP TO CHILD:	
ADDRESS:		ADDRESS:	
TELEPHONE	H: M: W:	TELEPHONE	H: M: W:
<p style="color: red; margin: 0;"><b>THIS PERSON IS AUTHORISED TO:</b></p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <p><input type="checkbox"/> Authorised to collect (act as an authorised nominee)</p> <p><input type="checkbox"/> Be notified in the event of an emergency</p> <p><input type="checkbox"/> Consent to medical treatment</p> <p><input type="checkbox"/> Authorise educators to take child outside the centre</p>		<p style="color: red; margin: 0;"><b>THIS PERSON IS AUTHORISED TO:</b></p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <p><input type="checkbox"/> Authorised to collect (act as an authorised nominee)</p> <p><input type="checkbox"/> Be notified in the event of an emergency</p> <p><input type="checkbox"/> Consent to medical treatment</p> <p><input type="checkbox"/> Authorise educators to take child outside the centre</p>	
<b>PERSON 3</b>		<b>PERSON 4</b>	
NAME:		NAME:	
RELATIONSHIP TO CHILD:		RELATIONSHIP TO CHILD:	
ADDRESS:		ADDRESS:	
TELEPHONE	H: M: W:	TELEPHONE	H: M: W:
<p style="color: red; margin: 0;"><b>THIS PERSON IS AUTHORISED TO:</b></p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <p><input type="checkbox"/> Authorised to collect (act as an authorised nominee)</p> <p><input type="checkbox"/> Be notified in the event of an emergency</p> <p><input type="checkbox"/> Consent to medical treatment</p> <p><input type="checkbox"/> Authorise educators to take child outside the centre</p>		<p style="color: red; margin: 0;"><b>THIS PERSON IS AUTHORISED TO:</b></p> <p style="margin: 0;">(Please tick any/all that apply:)</p> <p><input type="checkbox"/> Authorised to collect (act as an authorised nominee)</p> <p><input type="checkbox"/> Be notified in the event of an emergency</p> <p><input type="checkbox"/> Consent to medical treatment</p> <p><input type="checkbox"/> Authorise educators to take child outside the centre</p>	

## COURT ORDERS IN RELATION TO THE CHILD

Are there any:	
<ul style="list-style-type: none"> <li>• <b>Court orders, parenting orders or parenting plans</b> relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?</li> <li>• <b>Other court orders</b> relating to the child's residence or the child's contact with a parent / other person</li> </ul>	
No <input type="checkbox"/> go to the next section	Yes <input type="checkbox"/> please complete the following:
<b>PLEASE BRING THE ORIGINAL ORDER/S FOR THE CENTRE TO SEE AND <u>ATTACH A COPY TO THIS ENROLMENT FORM.</u></b>	
Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:	
<p><b>Note: Parenting Order</b> means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;</p> <p><b>Parenting Plan</b> means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth and includes a registered parenting plan within the meaning of section 63C(6) of that Act.</p>	

## CHILD'S HEALTH INFORMATION

DOCTOR/MEDICAL SERVICE INFORMATION	
NAME OF DOCTOR/MEDICAL SERVICE:	
ADDRESS OF DOCTOR/MEDICAL SERVICE:	
TELEPHONE OF DOCTOR/MEDICAL SERVICE:	

ADDITIONAL HEALTH SERVICES	
MATERNAL & CHILD HEALTH CENTRE:	
MEDICARE NUMBER:	
AMBULANCE MEMBERSHIP NUMBER:	
HEALTH CARE/PENSION CARE NUMBER:	
HEALTH INSURANCE FUND & NUMBER:	
<b>IS THE CHILD ATTENDING OR HAVE THEY PREVIOUSLY ATTENDED:</b> Speech Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other <input type="checkbox"/>	
If yes, please provide details: _____ _____	

## CHILD'S MEDICAL INFORMATION

ANAPHYLAXIS	
HAS YOUR CHILD BEEN DIAGNOSED AT RISK OF ANAPHYLAXIS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES YOUR CHILD HAVE AN AUTO-INJECTION DEVICE? (e.g. EpiPen or Anapen)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YOUR CHILD HAS AN AUTO-INJECTION DEVICE, HAVE YOU SUPPLIED IT TO THE CENTRE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS THE ANAPHYLAXIS MANAGEMENT PLAN BEEN PROVIDED TO THE CENTRE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS A RISK MINIMISATION PLAN BEEN COMPLETED IN CONSULTATION WITH YOU?	YES <input type="checkbox"/> NO <input type="checkbox"/>
In the case of anaphylaxis, you will be provided with a copy of our Anaphylaxis Management policy. You will be required to provide Lady Nelson with an individual medical management plan for your child signed by the medical practitioner who is treating your child, and an Epi-Pen that is to stay at the centre.	
SPECIFIC HEALTH NEEDS	
DOES THE CHILD HAVE ANY SPECIFIC HEALTH NEEDS INCLUDING ANY MEDICAL CONDITIONS THAT ARE RELEVANT TO THE CARE OF THE CHILD? (e.g. asthma, diabetes) <b>If yes, a copy of the management plan is to be attached.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS OF THE SPECIFIC HEALTH NEED: _____	
IF NECESSARY, HAS MEDICATION BEEN SUPPLIED TO THE CENTRE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS YOUR CHILD EVER EXPERIENCED ANY OF THE FOLLOWING:	
SEIZURES YES <input type="checkbox"/> NO <input type="checkbox"/>	FEBRILE CONVULSIONS YES <input type="checkbox"/> NO <input type="checkbox"/>
ALLERGIES	
DOES YOUR CHILD HAVE ANY ALLERGIES? <b>If yes, a copy of the management plan is to be attached.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS OF ALLERGIES: _____	
IF NECESSARY, HAS MEDICATION BEEN SUPPLIED TO CENTRE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DIETARY RESTRICTIONS	
DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS OF DIETARY RESTRICTIONS: _____	
SPECIAL CONSIDERATIONS	
ARE THERE ANY SPECIAL CONSIDERATIONS FOR THE CHILD? (e.g. cultural/religious requirements, or additional needs)	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	

# CHILD'S IMMUNISATION STATUS

## IMMUNISATION RECORDS

HAS YOUR CHILD BEEN IMMUNISED AS SET OUT IN THE AUSTRALIAN IMMUNISATION SCHEDULE?

YES  NO

Under the No Jab, No Play legislation, all children enrolling in early childhood services will have to submit evidence that shows the child is fully up to date with immunisations.

An immunisation history statement (photo on right) from the Australian Childhood Immunisation Register must be provided as evidence.

These statements are available at any time by accessing Medicare via the MyGov app, phone, email or online. The centre cannot accept a child health record book or any document from a practitioner as alternative evidence.

Your child's enrolment will not be processed if you have not attached an up-to-date Australian immunisation statement.

The screenshot shows an 'Immunisation history statement' from the Australian Government Department of Human Services. It details the following vaccinations:

Schedule	Date given	Immunisation	Brand name given
2 months	04 Jul 2015	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
4 months	04 Sep 2015	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
6 months	04 Nov 2015	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
12 months	04 May 2016	Hib Meningococcal C Measles Mumps Rubella	Menitorix Priorix
18 months	04 Nov 2016	Diphtheria Tetanus Pertussis Measles Mumps Rubella Varicella	Infanrix Priorix-Tetra
4 years	01 May 2019	Diphtheria Tetanus Pertussis Polio	Quadacel

Next immunisation's due: No vaccines due. Date due: .  
 Notices: Medical contraindication to Varirix recorded on 01 Mar 2019.  
 This individual has received all vaccines required under the National Immunisation Program childhood schedule.

**PLEASE NOTE:** Victoria's No Jab No Play laws are aimed at increasing childhood immunisation rates across Victoria. Children will need to be fully immunised for their age to be enrolled in an early childhood education and care service. The law allows children experiencing vulnerability and disadvantage to be enrolled under a grace period provision, striking a sensible balance between protecting children's health and allowing access to early childhood education and care services.

## CHILD HEALTH RECORD SIGHTED BY AN EDUCATOR AT MILESTONE:

NAME:	POSITION:
SIGNATURE:	DATE:

## INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS SERVICE:

From time to time, regulatory authorities seek information on the characteristics of the children and their families who use an education & care service. This is used in planning new policies, programs and resources to support services. To help provide accurate information, please answer the following questions by indicating yes or no:

DOES EITHER PARENT HAVE A DISABILITY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS THE FAMILY A SINGLE PARENT FAMILY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## AUTHORISATIONS AND DECLARATION

DECLARATION AND CONSENT TO MEDICAL TREATMENT	TICK	INITIAL
I declare that the information in this enrolment form is true and correct, and undertake to <b>immediately inform</b> the centre in the event of any change to this information.	YES <input type="checkbox"/>	
I consent to the educators of <b>Lady Nelson early Learning &amp; Child care Centre</b> to approve ambulance transport and/or seek professional medical advice or treatment as is reasonably necessary, including the administration of medications, if needed. I also agree to reimburse any cost to the centre.	YES <input type="checkbox"/>	
I agree to collect or make arrangements for the collection of the child referred to in this enrolment form If he/she becomes unwell or injured at the centre, within a one-hour time frame.	YES <input type="checkbox"/>	
I agree to notify the centre in the event of my child having an infectious illness and understand that the child will only return upon provision of a ' <u>clearance certificate</u> ' from a medical practitioner	YES <input type="checkbox"/>	
I agree to abide by all of <b>Lady Nelson early Learning &amp; Child care Centre policies and procedures</b> , and all of the information detailed in the <b>Family Handbook</b> including the Code of Conduct for Families.	YES <input type="checkbox"/>	
FEES AND CHARGES	TICK	INITIAL
I agree to give a minimum of two (2) full weeks notice in writing when reducing my child's booked days, or canceling my child's enrolment. I understand that if I fail to give 2 full weeks notice, I will be ineligible for child care subsidy (CCS), and will need to pay full fees from last day of attendance.	YES <input type="checkbox"/>	
I understand that my child care fees are to be paid at least one (1) week in advance at all times, and failure to do so will result in my position being cancelled or suspended until fees are paid.	YES <input type="checkbox"/>	
I understand that if I leave the centre owing outstanding fees or charges that <b>Lady Nelson Early Learning &amp; childcare Centre</b> have the right to recover the debt through nominated collection agency and that I shall incur all costs associated with the recovery process.	YES <input type="checkbox"/>	
I understand that fees are still payable when my child does not attend the centre due to illness, public or personal holidays or other miscellaneous absences. I also understand that full fees are payable if my child does not attend during the cancellation leave period unless the 42 absences have been reached for the financial year and I have supportive documentation as confirmation.	YES <input type="checkbox"/>	
I declare that I am liable and responsible for the cost of child care and payment of fees.	YES <input type="checkbox"/>	
I understand that holiday leave entitlements are a maximum of two weeks worth of my child's current booking each financial year. These are accrued on a pro-rata basis, are only granted at the director's discretion, & may not be granted in certain circumstances, e.g. account in arrears, late notice	YES <input type="checkbox"/>	
I understand that my direct debit payments may be altered due to increase in fees charged, extra booked days, changes to my child care subsidy, or for non-attendance during the leave period.	YES <input type="checkbox"/>	
I understand that once all of my 42 absences have been used, no fee relief will be paid on an absent day. Full fees will be charged for that day. If my child is absent due to illness (after the 42 absences have been reached), a doctor's certificate will be required in order to apply for an additional absence where fee relief is payable.	YES <input type="checkbox"/>	
I understand that the centre's operating hours are strictly between 7:00am and 6:30pm, and that a late fee of \$1.00 per minute, per child will be charged after 6:30pm. This payment is payable immediately upon collection.	YES <input type="checkbox"/>	
<p>I, _____, <b>A PERSON WITH PARENTAL RESPONSIBILITY OF THE CHILD REFERRED TO IN THIS ENROLMENT FORM, DECLARE ALL OF THE ABOVE.</b></p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p>		



## CENTRE CONSENT AND AUTHORISATIONS

<b>GENERAL CONSENT</b>	<u>TICK</u>		<u>INITIAL</u>
I understand that the centre is a nut-free environment and agree to refrain from bringing into the centre any food or products that contain nuts or nut oils.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I give permission to apply 30+ sunscreen to my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I give permission to apply Band-Aids to my child, if required.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I give permission to conduct head lice checks on my child.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I give permission to contact my child's Maternal and Child Health service, if needed.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>SOCIAL MEDIA CONSENT</b>	<u>TICK</u>		<u>INITIAL</u>
I give permission to attach my child's photos to emails being sent to families of the centre. (The centre emails weekly updates and newsletters which contain photos of children. Rooms send regular updates which also contain photos of children. By ticking yes, you are giving us permission to include photos of your child in these emails.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I give permission for my child's photo to be used on the centre's public Facebook page. <a href="http://www.facebook.com/ladynelsonearlylearning">www.facebook.com/ladynelsonearlylearning</a>  (The centre regularly updates our public Facebook page with new information and photographs. We like to upload photos of the children to illustrate to our families what we are currently involved in. By ticking yes, you are giving us permission to include photos of your child on our public Facebook page.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## ADDITIONAL INFORMATION

<b>IS YOUR CHILD ATTENDING, OR HAVE THEY PREVIOUSLY ATTENDED:</b>			
Child Care Centre <input type="checkbox"/>	Family Day Care <input type="checkbox"/>	Kindergarten <input type="checkbox"/>	
Early Intervention Service <input type="checkbox"/>	Playgroup <input type="checkbox"/>		
<b>INFORMATION ON CHILD'S BROTHERS AND SISTERS (if applicable):</b>			
Name	Date of Birth	Gender	Position in family
<b>PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION ABOUT THE CHILD (e.g. likes, excessive fears):</b>			

## CHILD CARE SUBSIDY

CHILD CARE SUBSIDY	TICK	
Have you applied to Centrelink for Child Care Subsidy (CCS)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child attend any other approved child care services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any other children attending child care services? (e.g. OSHC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are claiming CCS, which parent is the primary parent, listed with Centrelink:		
I understand that it is my responsibility to access Child Care Subsidy and that we are required to meet all current Child Care Subsidy requirements to be eligible.	YES <input type="checkbox"/>	<u>INITIAL</u>
I understand that Child Care Subsidy is linked to my child's immunisation status, so to continue receiving CCS, my child must be up-to-date with their immunisations according to the early childhood vaccination schedule appropriate for their age	YES <input type="checkbox"/>	<u>INITIAL</u>
I understand that the centre requires a deposit of the first week of my child's fees in order to confirm the enrolment & that this is charged at the full amount prior to CCS being applied	YES <input type="checkbox"/>	<u>INITIAL</u>

## CONFIDENTIALITY OF ENROLMENT RECORDS

The approved provider of this Education and Care Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly or indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any Act or law; or with the written consent of the person who provided the information.

The personal information collected by Lady Nelson Childcare meets the legal & funding requirements of the National Education and Care Services Act and Regulations 2011, the Commonwealth Department of Education and the Victorian State Department of Education & Training.

### DEFINITIONS

#### Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a parent or family member to collect the child from the education and care service (Section 170(5) of Education and Care Services National Law Act 2010).

#### Family Member/s

'Family Member' as defined in Education & Care Services National Law 2010; Section 5 'family member' in relation to a child, means:

- (a) a parent, grandparent, brother, sister, uncle, aunt, cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or the otherwise; or
- (b) a relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- (c) a person with whom the child resides in a family-like relationship; or
- (d) a person who is recognised in the child's community as having a familial role in respect of the child.

#### Parental Responsibility

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children". All parents have powers and responsibilities in relation to their children, which can only be changed by a court order, parenting order or parenting plan. These powers and responsibilities are referred to as "parental responsibility". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

#### Guardian

A guardian of the child also has parental responsibility. A legal guardian is given parental responsibility by a court order, parenting order or parenting plan. The definition of "guardian" under the Education and Care Services National Law 2010 also covers situations where a child does not live with their parents and there are no court orders. In these cases, the guardian is the person the child lives with who had day-to-day care and control of the child.

## Parental education and occupation details

	Adult A (Primary Carer)	Adult B (leave blank if not applicable)
<b>Education</b>		
<b>What is the <i>highest</i> year of primary or secondary school the parent/guardian has completed?</b> (tick one)  <i>For persons who have never attended school, mark 'Year 9 or equivalent or below'.</i>	<input type="checkbox"/> Year 9 or equivalent or below	<input type="checkbox"/> Year 9 or equivalent or below
	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 10 or equivalent
	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 11 or equivalent
	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 12 or equivalent
<b>What is the level of the <i>highest</i> qualification the parent/guardian has completed?</b> (tick one)	<input type="checkbox"/> No non-school qualification	<input type="checkbox"/> No non-school qualification
	<input type="checkbox"/> Certificate I to IV (including trade certificate)	<input type="checkbox"/> Certificate I to IV (including trade certificate)
	<input type="checkbox"/> Advanced diploma / Diploma	<input type="checkbox"/> Advanced diploma / Diploma
	<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Bachelor degree or above
<b>Occupation</b>		
<b>What is the occupation of the parent/guardian?</b>		
<b>What is the occupation group of the parent/guardian?</b>  <i>Please tick the appropriate parental occupation group from the attached list (See Parental Occupation Group Codes).</i>  <i>If the person has not been in <u>paid</u> work for the last 12 months, tick 'N'.</i>  <i>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 their last occupation to select from the attached occupation group list.</i>	<input type="checkbox"/> A	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> B
	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> D	<input type="checkbox"/> D
	<input type="checkbox"/> N	<input type="checkbox"/> N

## Parental Occupation Index

<b>MANAGERS</b>		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	<b>A</b>
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	<b>A</b>
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	<b>A</b>
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	<b>B</b>
<b>PROFESSIONALS generally with a bachelors degree or above</b>		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	<b>A</b>
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	<b>A</b>
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	<b>A</b>
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	<b>A</b>
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	<b>A</b>
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	<b>A</b>
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	<b>A</b>
<b>TECHNICIANS AND TRADES WORKERS</b>		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	<b>B</b>
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	<b>C</b>
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	<b>C</b>
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	<b>C</b>
Food Trades Workers	Chefs	<b>B</b>
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	<b>C</b>
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	<b>C</b>
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	<b>C</b>
<b>COMMUNITY AND PERSONAL SERVICE WORKERS</b>		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	<b>B</b>
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	<b>D</b>
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	<b>D</b>
Protective Service Workers	Police	<b>B</b>
	Defence Force Members - Other Ranks, Fire and Emergency Workers	<b>C</b>
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	<b>D</b>
Sports	Sports Coaches, Instructors and Officials, Sportspersons	<b>C</b>
	Fitness Instructors, Outdoor Adventure Guides	<b>D</b>
<b>CLERICAL AND ADMINISTRATIVE WORKERS</b>		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	<b>B</b>
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	<b>C</b>
General Clerical Workers	General Clerks, Keyboard Operators	<b>D</b>
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	<b>D</b>
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	<b>D</b>
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	<b>D</b>
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	<b>B</b>
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	<b>C</b>
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	<b>D</b>
<b>SALES WORKERS &amp; MACHINERY OPERATORS, DRIVERS AND LABOURERS</b>		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	<b>C</b>
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	<b>D</b>
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	<b>D</b>

