



Orelia Primary School

STUDENT ENROLMENT FORM

Year of enrolment: _____

Year level: _____

Room No: _____

STUDENT DETAILS

Surname: _____ Legal Surname (if different): _____

1st Name: _____ 2nd Name: _____ 3rd Name: _____

Preferred 1st Name: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Residential Address: _____

Postcode: _____

Telephone (Home): _____

Full Name/s of brothers and sisters attending this school:

Student lives with:

Both Parents ☐

Other ☐

Parent/Guardian/Carer 1 ☐

Name Relationship to student

Parent/Guardian/Carer 2 ☐

Emergency Contacts (Indicate contacts in order of preference):

Name	Phone No.	Mobile No.	Relationship to student
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STUDENT DETAILS – ADDITIONAL INFORMATION

Nationality: _____ Country of Birth: _____

Religion: _____ Is the student to be withdrawn from religious instruction? ☐ YES ☐ NO

Student's First Language: _____

Is the student's descent:Aboriginal ☐ YES ☐ NO

.....Torres Strait Islander (TSI) ☐ YES ☐ NO

.....Both Aboriginal and TSI ☐ YES ☐ NO

Does the student speak a language other than English at home? ☐ YES ☐ NO

Does the student mainly speak English at home? ☐ YES ☐ NO

(If more than one language, indicate the one that is spoken most often.) ☐ NO, English only

☐ YES, other - please specify: _____

Australian Citizenship/Permanent Resident: ☐ YES ☐ NO

Date of Arrival in Australia: _____ Visa Sub-class No: _____ Visa Sub-class No Expiry Date: _____

Previous School: _____

Reason for change of school: _____

CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? ☐ YES ☐ NO
If YES, please specify and attach supporting documentation.

Is this student in the care of the Department for Child Protection and Family Support's (CPFS) Director General? ☐ YES ☐ NO

If YES, please specify the name of the CPFS Case Manager, their CPFS District and their contact phone number.

STUDENT DETAILS – MEDICAL / HEALTH

In addition to the information below, a separate form (student health care summary) available from the school, is to be completed for all students.

Note: For students identified as having health conditions requiring support at school, additional form/s will be provided by the school.

Does the student have a disability? ☐ YES ☐ NO If YES, please specify the disability/s:

Please indicate where you have documentation about your child's disability in any of the following areas. Copies of this documentation will be required for school records

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Global Developmental Delay (prior to age 6) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

Does the student have a medical condition or intensive health care need? YES ☐ NO ☐

If YES, please specify.

- | | |
|---|---|
| <input type="checkbox"/> Allergy – Anaphylaxis | <input type="checkbox"/> Hearing condition (eg otitis media) |
| <input type="checkbox"/> Allergy – Other _____ | <input type="checkbox"/> Mental health or behavioural (eg depression, ADD/ADHD) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Care Need (eg tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnosed migraine/headaches | |
| <input type="checkbox"/> Seizure Disorder (eg epilepsy) | |

Medical Practice (Name and Address): _____

Doctor's Name: _____ Telephone: _____

Medicare No: _____ Valid to: ____ / ____

Health Care Card (if applicable): ☐ YES ☐ NO. If Yes, please provide no. _____ Expiry Date: _____

Do you have ambulance cover? ☐ YES ☐ NO

(If there is a medical emergency parents or guardians are expected to meet the cost of the ambulance)

PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? ☐ YES ☐ NO

Do you speak a language other than English at home? ☐ NO, English only ☐ YES, other - _____

What is the highest year of primary or secondary school you have completed?

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

- ☐ Bachelor degree or above
- ☐ Advanced diploma/Diploma
- ☐ Certificate I to IV (including trade certificate)
- ☐ No non-school qualification

What is your occupation group? _____ *(Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).*

Parent/Guardian 2 Details

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____ Email Address: _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Do you mainly speak English at home? ☐ YES ☐ NO

Do you speak a language other than English at home? ☐ NO, English only ☐ YES, other - _____

What is the highest year of primary or secondary school you have completed?

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent or below

(If you did not attend school, mark 'Year 9 or equivalent or below')

What is the level of the highest qualification you have completed?

- ☐ Bachelor degree or above
- ☐ Advanced diploma/Diploma
- ☐ Certificate I to IV (including trade certificate)
- ☐ No non-school qualification

What is your occupation group? _____ *(Insert 1, 2, 3 or 4. Please select the appropriate parental occupation group from the list provided in ATTACHMENT 1. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. However, if you have not been in paid work in the last 12 months, enter '8' above).*

OTHER CONTACT(S) DETAILS

Title: _____ First Name: _____ Surname: _____

Please indicate relationship to the student: _____

Postal Address (if different from student residential address):

Telephone (Home): _____

Occupation/Workplace location: _____

Telephone (Work): _____ Mobile No: _____

Please advise the school if there are any other contacts you would like recorded.

SIGNATURE

Name of person enrolling student:

Title: _____ First Name: _____ Surname: _____

Relationship to the student: _____

If this is an enrolment for Kindergarten, I declare this to be the only enrolment made.

Signature: _____ Date: _____

OFFICE USE ONLY

Student's official documentation all sighted (Date): _____ ☐ YES ☐ NO

☐ Birth certificate ☐ Passport ☐ Travel document/s

Student's Residency status: ☐ Local ☐ Permanent Resident

Entry Date to Orelia PS: _____

Former Roll Checked: ☐ YES ☐ NO ESL Status: _____

Previous School: _____ Records received: ☐ YES ☐ NO

Publications/Internet Permission Form completed: ☐ YES ☐ NO

Immunisation records provided: ☐ YES ☐ NO

Entered on School Information system by: _____ on (Date): _____

Email to Deputy Principal if student needs a health care plan (Date): _____

Student leaves school: (Date) _____ Date Transfer Note Sent: _____

Destination: _____

Records received from transferring school: ☐ NO ☐ YES on (Date): _____

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year:	Form:	Teacher:
Student's Name:	Date of Birth:		
Address:	Gender: Male/Female		

FAMILY CONTACT DETAIL	MEDICAL DETAILS
Name:	Medical Practice:
Relationship to student:	Doctor 1: Telephone:
	Doctor 2: Telephone:
	Dental Practice:
	Name of Dentist: Telephone:
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Provider: If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.
Name:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Relationship to student:	
Address:	Health care card: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date Card Number
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.

Note: All medication required must be supplied by parents/carers

INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? Yes ☐ No ☐

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information? _____

Does your child have one or more health condition(s) that will **require support** from school staff?

No ☐ - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.

Signature: _____ Date: _____

Yes ☐ - complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s): _____

SECTION B – IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF (In response to the information below, you will be given further forms for specific health conditions to complete)

Health Conditions	Tick health condition	Action Plan Included	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minor & Moderate Allergies	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities Of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Conditions or Needs	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES ☐ NO ☐
If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.

Name:

Date of Birth:

School:

SECTION C: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes ☐ No ☐

If yes, please attach photo to the relevant health care plan(s).

SECTION D: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes ☐ No ☐

If yes, provide details: _____

Signature: _____

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have an allergy that needs to be flagged on SIS? Yes ☐ No ☐ Date: _____

Have relevant health care plans been issued to the parent? Yes ☐ No ☐ Date: _____

Has the Principal been informed if:

• specific training is required to support the student? Yes ☐ No ☐

• the student's health care information is to be restricted? Yes ☐ No ☐

Date *Student Health Care Summary* was completed and uploaded on SIS: / /

Dear Parent/Guardians,

As part of our technology and enterprise and STEAM program this year at Orelia PS we are investigating using technologies to enhance and reflect our learning programs. Classes will be using a variety of online programs and/or apps to create, interpret, publish and present a variety of written and visual texts. These online programs allow students to create and publish work as well as share and reflect on their ideas.

Attached is a list of apps that teachers in different phases of learning may use that require online permissions. The school is supporting the development of information, communication and technologies through the purchase of devices (iPads, computers, interactive whiteboards etc) and programs such as Mathletics and Spelling City (school subscription \$4000.00 per year). These two programs used extensively at school in every classroom can be accessed at home on a variety of devices to support learning at school. This is homework that is meaningful and relevant to class programs.

Every endeavor is undertaken to protect the identity of your child. Teachers will assign user names and passwords. School administration will also have access to monitor program usage.

- **Teachers have administrative control over all student accounts.**
- **A class email account may be required to enrol students in various programs however, will be password protected and managed by the teacher (students will not have access unless supervised by the classroom teacher).**
- **Students are given a unique user name and password that does not identify their surname to the public. For example John Smith may be JS2319 or John123**
- **Photos that identify your child will not be posted to any website without written consent of the parent.**

Please feel free to contact your child's classroom teacher with any issues or concerns you may have. It is important to note the students will be able to publish their work creating a digital portfolio using the apps attached, however they will not have their surname name visible. Each child will have a unique username. As they are publishing work online (in a very secure environment) we do need parental permission for the child to do so.

Kind Regards

Classroom Teacher

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Online Student Permissions

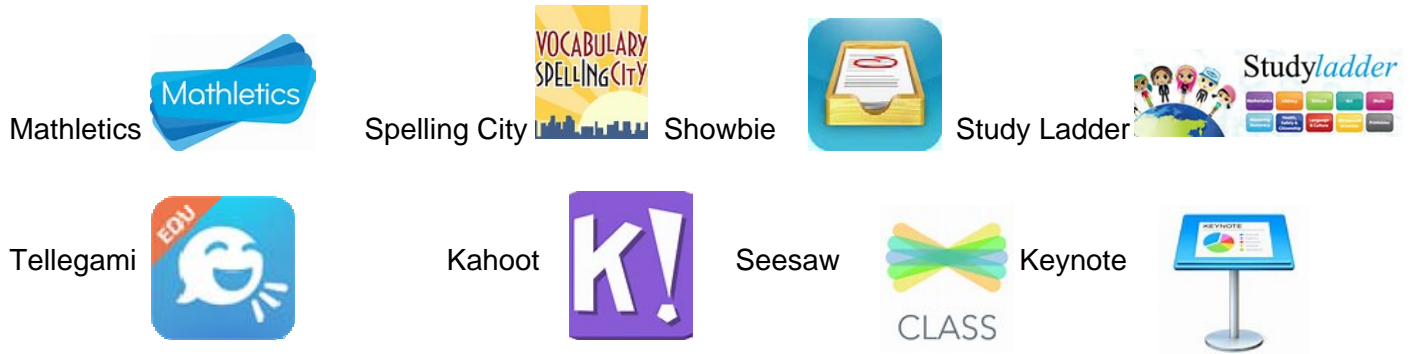
I allow my child _____ in Room ____ to create and publish work (with Teacher assistance) using the programs and apps mentioned specific to their phases of learning.

Signed _____ Date _____

List Of Suggested Apps In Phases Of Learning Requiring Online Permissions

Below is a list of apps and/or programs we are trialling at Orelia PS that require internet access to utilise.

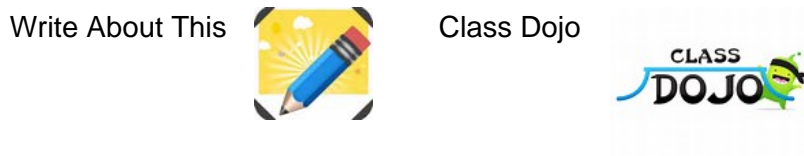
School Wide



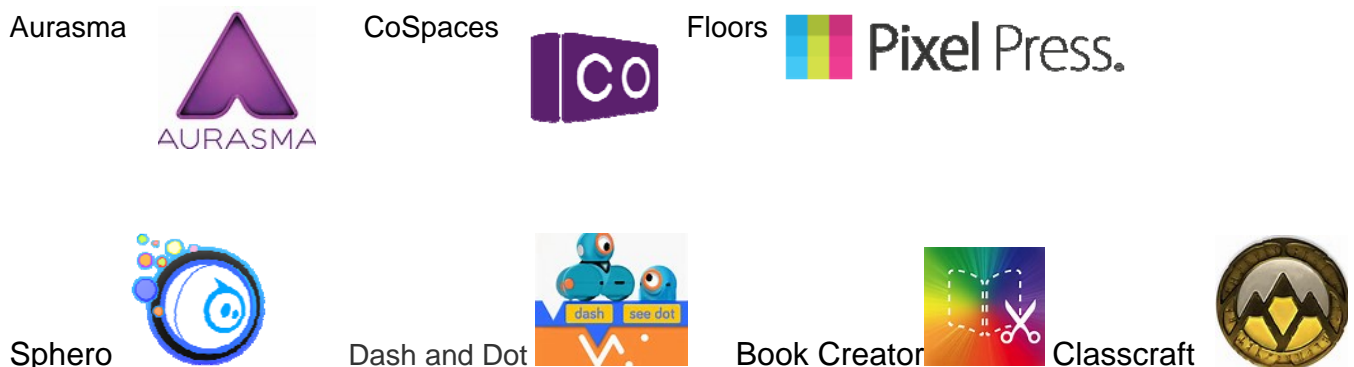
Early Childhood



Junior School



Senior School





Student Internet and Online Permission Letter

Responsible Student Internet Use

- When using school devices (computers, tablets), I will use the school devices only with the permission of a teacher, and I will follow all instructions from teachers when using school devices.
- I will ask permission before entering any Web site or Tablet App, unless my teacher has already approved that Site or App, or it is directly related to my appropriate search criteria or classroom work.
- On a network, I will use only my own login and password, which I will keep secret, and not share with others. I will not look at or delete other people's files, or access other peoples' accounts. I will not use another student's log-on username or password.
- I know that I am responsible for anything that happens when my online account is used by somebody other than myself, and that I will tell my teacher if I think someone is using my online account.

I understand that

- The school and the Department of Education may see anything or any actions that I do on the devices, and that I will be held responsible for my actions while using online and offline services.
- The misuse of online and offline services will result in the withdrawal of access to services and other consequences (Blue, Green or Pink behaviour management procedures) and I will be held accountable for anything committed using online or offline services.

Student Personal Safety

- I will not damage, vandalise, or disable the computers, tablets, computer systems or computer networks of the school or the Department of Education.
- If I see anything I am unhappy with or I receive popup messages I do not like, I will tell a teacher immediately.
- I will not access any e-mail account (Hotmail, Yahoo Mail, etc) including private home, family or friends accounts whilst accessing the school devices, or the part of a Web site that requires me to log-on, or use my membership details, or complete online forms that require personal information (yours or others), unless authorised by the classroom teacher.
- I will not access any Internet chat, Messenger (MSN), or social media sites (Facebook, MySpace, Bibo etc).
- I will not download or view any video unless I have permission from the teacher.

Illegal Activities

- I will not attempt to gain unauthorised access to any computer system through or go beyond the school authorised access account. This includes attempting to log in through another person's account or access another person's files, and my actions will not be tolerated, even if only for the purposes of "browsing".

Inappropriate Language

- I am aware that restrictions against Inappropriate Language apply to public messages, private messages, material posted on Web pages, typed on the computer or saved in documents.
- I will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language whilst using the devices.
- I will not post information that could cause damage or danger or disruption to others.
- I will not engage in personal attacks, including discriminatory attacks and bullying.
- I will not harass another person. Harassment is acting in a manner that distresses or annoys another person.
- If I am told by a person to stop doing something because of my inappropriate actions, I must stop immediately.

Plagiarism and Copyright Infringement

- I will not download or save information from the Internet and claim the information as my own.
- I will only download and save materials from the Internet that my teacher has allowed me to download.
- I will use material from Internet sites or other sources only if I have permission to do so.
- If I use material in my work that I have found on the Internet, I will say where it comes from, and acknowledge the creator or author of any material published
- Gain permission before electronically publishing users' works or drawings.



Student Internet, Device (Computer, Tablet),
Online and App Permission Letter

STEP 1:

TO BE SIGNED BY THE STUDENT

I have understood the School Internet Policy (incl **Social Media Policy**) as fully explained on the back of the page.

I understand that any breach (**breaking the rules**) when accessing the Internet or Device (Computer, Tablet) will result in Loss of Privilege (**not allowed to use**), and or disciplinary action determined by the **School** in accordance with the 'School's Behaviour Management' Policy as well as the Departments 'Information Communication and Technology' Policy.

Student :

Date:

STEP 2:

TO BE SIGNED BY PARENT / CAREGIVER

Parent/Caregiver:

Date:



PERMISSION TO PUBLISH STUDENTS' WORK OR IMAGES OF STUDENT ON WEB SITES

Dear parent or responsible person,

I request your permission for video or photographic images of your child to be taken during school activities. If such images are captured, they would be used for the purpose of educating students, promoting the school, or promoting public education. I am also seeking your permission for the school to publish images and/or samples of your child's work.

If you give your permission, the school may publish images of your child and/or samples of work done by your child in a variety of ways, including, but not limited to, online and hard copy school newsletters, Department of Education Internet web sites or intranet web sites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

If you sign the attached form it means that you agree to the following:

- The school is able to publish images of your child and samples of your child's work as many times as it requires in the ways mentioned above.
- Your child's image may be reproduced either in colour or in black and white.
- The school will not use your child's image or samples of your child's work for any purpose other than for the education of students or for the general promotion of public education and the school.
- The school will only publish the first name of the student. Family names will not be revealed.

Any images captured by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely. Whilst every effort will be made to protect the identity of your child, the Department of Education cannot guarantee that your child will not be able to be identified from the image or work.

If you agree to permit the school to capture images of your child, and to publish images of your child, or samples of your child's work, in the manner detailed above, please complete the consent form below and return it to the school as soon as possible. This consent, if signed, will remain effective until such time as you advise the school otherwise.

CONSENT FORM

I agree to the videoing or photographing of my child during school activities for use by the school in educating students and promoting the school and public education. I also agree to the publication of images or samples of work from my child in ways including, but not limited to, web sites or intranet web sites of the Department of Education, school newsletters (print and online), magazines and the local newspaper, subject to the conditions set out above. I will notify the school if I decide to withdraw this consent.

Name of student: _____ Form / Class: _____

Signature of parent/responsible person: _____ Date: _____

Parent Occupation Groups

Relates to questions in Parent 1 and Parent 2 sections of the Application for Enrolment form

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation government administration & defence, and qualified professionals	Other business managers, arts/media/sports persons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/ manager/ department head in industry, commerce, media or other large organisation.</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator.</p> <p>Other administrator [school Principal, faculty head/dean, library/museum/gallery director, research facility director].</p> <p>Defence Forces Commissioned Officer.</p> <p>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.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer].</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller].</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/ industrial relations/ sales/marketing].</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer].</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency].</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author].</p> <p>media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official].</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals.</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager].</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/ inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent/customer services clerk, admissions clerk].</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator].</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher].</p> <p>Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].</p>	<p>Drivers, mobile plant, production/ processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper].</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant].</p> <p>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].</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant].</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups.</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand].</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor].</p>

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