

IVANHOE PRIMARY SCHOOL ENROLMENT FORM 2023

STUDENT NAME.....

Checklist for Foundation enrolments – “in Zone”

- ☐ Consenting to Information Release form (below)
- ☐ Enrolment Form
- ☐ Birth Certificate or Passport
- ☐ Immunisation Certificate
- ☐ Completed allergy form
 - *please leave attached and mark N/A if no allergies known*
- ☐ Completed asthma form
 - *please leave attached and mark N/A if not asthmatic*
- ☐ Evidence of “in zone”
 - *gas or electricity account **and** rental agreement or rates notice*



IVANHOE PRIMARY SCHOOL

FOUNDATION TRANSITION PROGRAM

I consent to my child's Pre-School teacher releasing information to the Foundation transition Co-ordinator from Ivanhoe Primary School. This information is to assist with curriculum planning, classroom organisation and will aid the development of your child at school.

Child's Name:..... Date:.....

Child's Kindergarten / Creche / Childcare Facility:.....

Parent's Signature:.....

Endorsed by Mark Kent, Principal

Maria Nedelkovski, Foundation Transition Co-ordinator

Enrolment Information for Ivanhoe Primary School

Enrolment Dates and Requirements

We accept enrolments from the first week in Term 2 (26th April 2022 for 2023). Enrolments must be accompanied by:

- Birth Certificate or photocopy of passport

For children who were born outside Australia the correct visa sub-class must apply before enrolment is accepted.

- An Immunisation Certificate as indicated below:

In addition to the Australian Childhood Immunisation Register (ACIR) and the immunisation service of local councils, school entry immunisations certificates may also be issued by a doctor.

- For those families who live within our catchment area, please supply proof of residency in the form of

a gas bill or electricity bill

and

a council rates notice or a rental agreement of at least twelve months.

- The Principal reserves the right to insist on further forms of proof of address.

Enrolment Policy

The issue of student intake is one the school has dealt with for some years. The regional office has set an enrolment ceiling. The expectation is that the school will manage the intake to this figure. The school can, if space does not permit, deny enrolment to students where Ivanhoe Primary School is not the student's designated neighbourhood school. The designated neighbourhood school is defined as the primary school which is nearest to the student's permanent residential address (defined as: straight line distance) unless otherwise determined by the Regional Director.

Enrolment Information – Catchment Area

The Department of Education policy on catchment areas is that the school geographically closest to your child's place of residence is the designated neighbourhood school. If another school is closer to the child's place of residence then that school is the designated neighbourhood school.

Our school is very popular so we follow these guidelines. However, if your child lives within our catchment area then he or she is entitled to enrol at our school.

If you would like further clarification, please email us with details of your address or ring the school on 9499-1880.

Fee Structure (2023)

We have a book list comprising of three or four sections (depending on year level of your child):

Section A is a list of text books and stationery items (\$ tbc), depending on the year level of your child).

Section B is a fee of (\$ tbc), for shared classroom requisites (essential items). This includes a First Aid Officer Co-contribution, shared classroom requisites such as student text books, class sets, print resource materials in lieu of text, developmental learning materials, computer printing, and Internet access.

It is the expectation of the School Council that Section A and B Essential Items are paid. Parents can contact the office or the Principal to set up a payment plan if required.

Section C is a Voluntary Contribution for special projects and is (\$ tbc),.. This includes maintenance of buildings, grounds & facilities.

Section D is a \$50 deposit for Camp – Grades 4 to 6 only.

We encourage the use of our preferred supplier, however you can supply items from your own sources. (Certain items that specifically apply to our school must be ordered through our supplier).

Digital Learning Technology Invoice is an annual request per student endorsed by school council to meet our school's Digital Learning Technology aspirations and is \$119.

Website

Our website is extensive and can be viewed at www.ivanhoepts.vic.edu.au

IVANHOE PRIMARY SCHOOL

STUDENT ENROLMENT INFORMATION – 2023

Computer Generated Student ID:

STUDENT DETAILS

PERSONAL DETAILS OF STUDENT

Surname:	Title: (Miss Ms, Mrs, Mx, Mr)		
First Given Name:			
Second Given Name:			
Preferred Name (if applicable):			
❖ Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____ (fill in blank)
		Birth Date: (dd-mm-yyyy)	___ / ___ / ___

PRIMARY FAMILY HOME ADDRESS:

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number:	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	Fax Number:

OFFICE USE ONLY

Child's Name and Birth Date proof sighted (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolment Date:					
Year Level		Home Group		Timetabling Group		House		Campus	
Student Email Address:									
Immunisation Certificate received?: (tick)				<input type="checkbox"/> Complete		<input type="checkbox"/> Not sighted			
Is there a Medical Alert for the student? (tick)				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Does the student have a Disability ID Number? (tick)				<input type="checkbox"/> No		<input type="checkbox"/> Yes		Disability ID No.:	
Has a Transition Statement been provided (either by the Early Childhood Educator or parents)? (tick) For prep students only				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Pending	

FAMILY DETAILS

List any other family members attending this school:

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)	
Legal Surname:	
Legal First Name:	
What is Adult A's occupation?	
Who is Adult A's employer?	
In which country was Adult A born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult A:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent	
<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	
<input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the <i>highest</i> qualification the Adult A has completed? (tick one)	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.	
<ul style="list-style-type: none"> 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. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

ADULT B DETAILS:

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ fill in blank
Title: (Ms, Mrs, Mr, Mx, Dr etc)	
Legal Surname:	
Legal First Name:	
What is Adult B's occupation?	
Who is Adult B's employer?	
In which country was Adult B born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	
<input type="checkbox"/> No, English only	
<input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult B:	
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	
<input type="checkbox"/> Year 12 or equivalent	
<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	
<input type="checkbox"/> Year 9 or equivalent or below	
❖ What is the level of the <i>highest</i> qualification the Adult B has completed? (tick one)	
<input type="checkbox"/> Bachelor degree or above	
<input type="checkbox"/> Advanced diploma / Diploma	
<input type="checkbox"/> Certificate I to IV (including trade certificate)	
<input type="checkbox"/> No non-school qualification	
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.	
<ul style="list-style-type: none"> 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. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

PRIMARY FAMILY CONTACT DETAILS

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult A's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No:	
Other Work Contact information:	

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No:	
Other After Hours Contact Information:	
Mobile No:	
SMS Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult B's preferred method of contact: (tick one) (If Phone is selected, Email shall be used for communication that cannot be sent via phone.) <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Email address:	
Email Notifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number:	

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

PRIMARY FAMILY DOCTOR DETAILS:

Doctor's Name		Individual or Group Practice: (tick) <input type="checkbox"/> Individual <input type="checkbox"/> Group	
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Current Ambulance Subscription: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Number:	

PRIMARY FAMILY EMERGENCY CONTACTS:

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

PRIMARY FAMILY BILLING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box	
Suburb:	
State:	Postcode:
Billing Email	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Other (Please Specify)

OTHER PRIMARY FAMILY DETAILS

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other

The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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DEMOGRAPHIC DETAILS OF STUDENT

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) ____ / ____ / ____	
What is the Residential Status of the student? (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class:	Visa Expiry Date: (dd-mm-yyyy) ____ / ____ / ____
Visa Statistical Code: (Required for some sub-classes)	
International Student ID : (Not required for exchange students)	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
Is the student a young carer (providing support/care for other family member/s)? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

SCHOOL DETAILS

Date of first enrolment in an Australian School: _____ / _____ / _____	
Name of previous School: _____	
Years of previous education: _____	What was the language of the student's previous education? _____
Does the student have a Victorian Student Number (VSN)? <input type="checkbox"/> Yes. <input type="checkbox"/> Yes, but the VSN is unknown <input type="checkbox"/> No. The student has never been issued a VSN. Please specify: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Years of interruption to education: _____	Is the student repeating a year? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student be attending this school full time? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If No , what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)	
Other school Name: _____	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name: _____	Time fraction: 0. Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No

CONDITIONAL ENROLMENT DETAILS

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to the School Policy & Advisory Library for more information <https://www2.education.vic.gov.au/pal/enrolment/policy>

Enrolment conditions
•
•

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)		<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Parenting Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Intervention Order
	<input type="checkbox"/> Informal Carer Stat Dec	<input type="checkbox"/> DHHS Authorisation	<input type="checkbox"/> Protection Order
		<input type="checkbox"/> Witness Protection Program Order	<input type="checkbox"/> Other
Describe any Access Restriction:			
Is there an Activity Alert for the student? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction:			
OFFICE USE ONLY			
Current custody document placed on student file? <input type="checkbox"/> Yes <input type="checkbox"/> No			

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,

administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

STUDENT MEDICAL DETAILS

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions.

Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.)

Does the student have any other medical condition? (tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:			
Symptoms:			
If my child displays any of the symptoms above please: (tick)			
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)		<input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick)		<input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other	
Medication is stored: (tick)		<input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere	
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

STUDENT DOCTOR DETAILS

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:			
Individual or Group Practice: (tick)		<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:			
Suburb:			
State:		Postcode:	
Telephone Number		Fax Number	
Student Medicare Number:			

STUDENT EMERGENCY CONTACTS

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact
1				
2				

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME

DATE

NEXT ASTHMA CHECK-UP DUE

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name

Phone

Relationship



WHEN WELL *Asthma under control (almost no symptoms)*

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is:

[NAME & STRENGTH]

Take puffs/tablets times every day

☐ Use a spacer with your inhaler

Your reliever is:

[NAME]

Take puffs

When: You have symptoms like wheezing, coughing or shortness of breath

☐ Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS

[e.g. other medicines, trigger avoidance, what to do before exercise]



WHEN NOT WELL *Asthma getting worse (needing more reliever e.g. more than 3 times per week, waking up with asthma, more symptoms than usual, asthma is interfering with usual activities)*

Keep taking preventer:

[NAME & STRENGTH]

Take puffs/tablets times every day

☐ Use a spacer with your inhaler

Your reliever is:

[NAME]

Take puffs

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

[e.g. other medicines, when to stop taking extra medicines]

☐ Contact your doctor



IF SYMPTOMS GET WORSE *Asthma is severe (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Keep taking preventer:

[NAME & STRENGTH]

Take puffs/tablets times every day

☐ Use a spacer with your inhaler

Your reliever is:

[NAME]

Take puffs

☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

[e.g. other medicines, when to stop taking extra medicines]

Prednisolone/prednisone:

Take each morning for days

☒ Contact your doctor today



DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

**DIAL 000 FOR
AMBULANCE**

Peak flow (if used) below:

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

NationalAsthma
CouncilAustralia
leading the attack against asthma

www.nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN

what to look out for

WHEN WELL



THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL



THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual eg. more than 3 times per week
- your asthma is interfering with your usual activities

IF SYMPTOMS GET WORSE



THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS AN ASTHMA ATTACK

DANGER SIGNS



THIS MEANS:

- your symptoms get worse very quickly
 - you have severe shortness of breath, can't speak comfortably or lips look blue
 - you get little or no relief from your reliever inhaler
- CALL AN AMBULANCE IMMEDIATELY: DIAL 000**
SAY THIS IS AN ASTHMA EMERGENCY.

DIAL 000 FOR AMBULANCE

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website. A range of action plans are available on the website – please use the one that best suits your patient.

www.nationalasthma.org.au

National Asthma Council Australia
leading the attack against asthma

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph:

Mobile Ph:

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date: _____

Action Plan due for review – date:

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector **FIRST** if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

Starting primary school?

Immunisation information for parents enrolling a child

By law, your child must have an immunisation status certificate to enrol in primary school.

Why immunise?

Children starting school are exposed to a large number of people and to a range of potentially dangerous diseases. Immunisation is a proven and safe way to be protected against diseases that cause serious illness and sometimes death. Enrolling in primary school is a good time to check your child's immunisations are up to date.

What is an immunisation status certificate?

It is a statement showing the immunisations your child has received. If your child has not received any immunisations, you must still provide a certificate. The school keeps a copy of the certificate so that, in the event of a disease outbreak, unimmunised children can be quickly identified and excluded from school until the risk of infection has passed.

If you do not provide the certificate to the school your child may also be excluded from school as their immunisation status will be unknown.

Homeopathic treatment is not a legally recognised form of immunisation and cannot be listed on an immunisation status certificate.

How do I obtain an immunisation status certificate?

From the Australian Childhood Immunisation Register

- phone 1800 653 809 or
- email acir@medicareaustralia.gov.au or
- visit your local Medicare Office.

The most common type of immunisation status certificate is a *Child History Statement* from the Australian Childhood Immunisation Register (ACIR). You will be sent this statement when your child turns five years old, however you can request a certificate at any time.

You should also contact ACIR if you:

- are moving or have recently moved, to ensure your contact details are up to date
- think your child's statement is incomplete or incorrect.

From your doctor or local council

If your child is not eligible for a Medicare card, then contact your doctor or local council immunisation service who will be able to assist you in obtaining an immunisation status certificate.

How can I find out more?

For more information go to www.betterhealth.vic.gov.au

For translated versions of this document go to www.health.vic.gov.au/immunisation



**Translating and
interpreting service**
Call 131 450

To receive this document in an accessible format email: immunisation@dhhs.vic.gov.au

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Health
and Human
Services



Social Linguistic Profile

Date:

Enrolling Year:

Student Name: _____

Date of birth: _____ Age: _____ Grade: _____

Mother's name: _____

Father's name: _____

Does your child have any brothers/sisters? _____ Age(s): _____

What country was your child born in? _____

Has your child had any formal education? YES/NO _____

Can your child speak another language? YES/NO _____

Student details:

Does your child have any interests?	
What is your child good at?	
Is there anything your child does not like?	
Do you have any concerns that may affect your child's learning?	
Is your child left or right handed?	

General Health:

Does your child: Wear Glasses _____ Have hearing difficulties _____
Does your child have any medical issues? Asthma: _____ Nose bleeds _____ Travel sickness _____ Toilet issues _____
Has your child had any past medical issues? YES/NO

What language does your child speak at home? _____

Is there someone at home who can read English? _____ If so who? _____

Does your family currently have any agencies supporting them? _____

What type of transport will you use to get to school? _____

Names of Relatives or Friends attending this school? (If applicable) _____