

Brisbane, Australia

Quality Learning, Quality Futures

CRICOS Provider 00608A DETE

www.centenaryshs.eq.edu.au

Aspiration | Commitment | Community



| STUDENT DETAILS  |  |  |
|--|--|--|
| Student Family Name:   |  |  |
| Student Given Name/s:  |  |  |
| Entry Year Level:  |  |  |
|  |  |  |
| PARENT/CARER DETAILS   |  |  |
| Parent/Carer Name:   |  |  |
| Phone Contacts:  | (home)   |  |
|  | (work)   |  |
|  | (mobile)   |  |
| <ul><li>☐ One primary source – current leas</li><li>☐ One secondary source – a utility l</li></ul> | Our catchment area (please provide one primary and one secondary source): se agreement, rates notice or unconditional sale agreement and bill (e.g. electricity, gas) showing the same address and parent/carer name |  |
| ere relevant (please provide photocopies   | of documentation):   |  |
| Out of Catchment application   | aments   |  |
| ☐ Family court order/s or care arrang ☐ Details of medical conditions, include                     |  |  |
| ☐ Details of disability or learning diffic   | -  |  |
| ☐ Transfer note from previous state high school  |  |  |
| ☐ Academic Scholarship application   |  |  |
| ase note:  | and the comment of the comment   |  |
|  | valiable spaces in classes<br>ou are required to pay a \$280.00 SRS fee<br>ent application will be issued all financial invoices and statements  |  |
|  | OFFICE USE ONLY  |  |
| ate Received:  | Date Enrolled:   |  |

### Application to enrol in a Queensland State School

This sheet contains information on ow to complete the Application for student enrolment form (SEF-1 Version 8).

#### **Entitlement to enrolment**

Under the *Education (General Provisions) Act 2006 (Qld)* a state school must enrol a prospective student if they are entitled to enrolment. While not exhaustive, the following matters may affect a prospective student's entitlement to enrol in a stateschool:

- if the school has a School Enrolment Management Plan or an Enrolment EligibilityPlan (enrolment is subject to eligibility underthe plan)
- the applicant is a prospective mature age student (the applicant can only apply for enrolment at a mature age state school and willbe subject to a satisfactory criminal history check, or as a student in a program of distance education. All prospective mature age studentsmust have a remaining allocation of state education.)
- the prospective student is not of correct age for enrolment (relates to Preparatory Year and Years 1 to 6)
- the prospective student has been excluded, oris subject to suspension from a state school atthe time of the application
- the school principal reasonably believes that the prospective student presents an unacceptable risk to the safety or wellbeing of members of the school community (applicationis referred to the Director-General)
- the school is a state special school and the prospective student does not meet the criteriafor enrolment in a special school
- the proposed enrolment requires approval aspart of a flexible arrangement under s.183 of the Education (General Provisions) Act 2006 (Qld), and the arrangement has not yet beenapproved
- the prospective student is not an Australian resident or citizen or the child of an Australianpermanent resident or citizen (visa restrictionsmay apply, fees may be charged, in some cases legislation requires that the prospectivestudent must obtain approval from the Chief Executive via Education Queensland International (EQI) to enrol)
- the school does not offer the year level that the prospective student should be enrolled in
- the prospective student has no remaining semester allocation of state education. Enrolment cannot proceed until additional semesters are applied for by the prospective student (or parent on their behalf) and granted.

### **Prospective student**

A prospective student is a person who has applied to enrol at a state school but who has not yet been accepted for enrolment.

### Parent's occupation and education

All parents across Australia, no matter which school their child attends, are asked to provide information about family background(answering this question is optional). The main purpose of collecting this information isto promote an education system which is fairfor all Australian students regardless of theirbackground.

### **Court Orders**

Any court orders concerning the prospective student's welfare, safety or parenting arrangements should be provided to the school, and the school should also be provided with any new or updated orders.

### Name on enrolment form

A prospective student should be enrolled under their legal name as per their birth certificate. There is provision to also record apreferred family and/or given name. The preferred name will be used on internal school documents such as class rolls. The legal name will appear on semester reports unless there is a specific request to use the preferred name only. This request can come from parents/carers or the student (if the student is independent/mature age).

### Gender

Information about gender is supplied to the Federal Government to comply with State funding agreements. The gender category with which a person identifies may not matchthe sex they were assigned at birth. There isno requirement for a student's gender recorded on this form to align with the sex shown on their birth certificate or passport.

### **Religious Instruction**

Religious instruction is a program approved and provided by a religious denomination or religious society. Other instruction relates to part of a subject area that has been covered within the curriculum and may include, but is not limited to, personal research and/or assignments, revision ofclass work, and wider reading. Information about religious instruction available at the school, and about other instruction, is provided by the school at the time of enrolment and on the school's website.

### Application for student enrolment form

### INSTRUCTIONS

Please refer to the Application to enrol in a Queensland state school information sheet at the end of this form when completing this application. Completion and submission of this application form to the school does not confirm enrolment. The school will notify you of the outcome of your application as soon as practicable.

Failure or refusal to complete those sections of the form marked with an (\*) or to provide required documentation may result in a refusal to process your application. These questions and your consent are considered necessary to ensure the school can undertake its administrative and care responsibilities.

Sections of the form not marked (\*) are optional. However, failure to complete these sections may result in the school not being eligible for important Federal and State Government funding reliant on such information. Parents of all students in Australia have been asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students, regardless of their background. The required information includes the Indigenous status and language background of the student, and the education, occupation and language background of the parents.

If you have any questions about the enrolment form or process, or require assistance completing this form, including translation services, please contact the school in the first instance.

#### **PRIVACY STATEMENT**

The Department of Education (DoE) is collecting the information on this form for the purposes outlined in the Education (General Provisions) Act 2006 (Qld) (EGPA 2006), and in particular for:

- i. assessing whether your application for enrolment should be approved
- ii. meeting reporting obligations required by law or under Federal State Government funding arrangements
- iii. administering and planning for providing appropriate education, training and support services to students
- iv. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
- v. communicating with students and parents.

This collection is authorised by ss. 155 and 428 of the EGPA 2006. DoE will disclose personal information from this form to the Queensland Curriculum and Assessment Authority when opening student accounts, in compliance with Part 3 of the Education (Queensland Curriculum and Assessment Authority) Act 2014 (Qld).

Personal Information from this form will also be supplied to Centrelink in compliance with ss.194 and 195 of the Social Security (Administration) Act 1999 (Cth). De-identified information concerning parents' school and non-school education, occupation group and main language other than English and students' country of birth, main language other than English, gender and Indigenous status, is supplied to the Australian Government Department of Education in compliance with Federal – State Government funding agreements.

Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the school in the first instance. If you have

| PROSPECTIVE STUD  | DENT DEMOGRAPHIC D | ETAILS   |  |
|---|--------------------|--|--|
| Legal family name*<br>(as per birth certificate)                            |                    |  |  |
| Legal given names*<br>(as per birth certificate)                            |                    |  |  |
| Preferred family name   |                    | Preferred given names  |  |
| Gender*   | Male Female        | Date of birth*   |  |
| Copy of birth certificate available to show school staff*                   | Yes No             | An alternative to birth certificate wi<br>prospective student born in countr<br>suffice). This does not include failu<br>The requirement to sight the birth<br>previously enrolled in a state school | rithout enrolling staff sighting the prospective student's birth certificate.  ill be considered where it is not possible to obtain a birth certificate (e.g. y without birth registration system. Passport or visa documents will use to register a birth or reluctance to order a birth certificate.  certificate does not apply where the prospective student has been ol and a birth certificate has been sighted.  d for enrolment by EQI, a passport or visa will be acceptable. |
| For prospective mature age students, proof of identity supplied and copied* | Yes No             | Prospective mature age students r  | nust provide photographic identification which proves their identity:  |

| APPLICATION DETA   | ILS  |   |   |  |  |
|--|--|---|---|--|--|
| Has the prospective student ever attended a Queensland state school?   | Yes No   | If yes, provide name of school and approximate date of enrolment.     |   |  |  |
| What year level is the prospective student seeking to enrol in?  |  | Please provide the appropriate year level.                            |   |  |  |
| Proposed start date  |  | Please provide  | the proposed st                               | tarting date for the prospective   | student at this school.  |
|  |  |   | Name:   |  |  |
| Does the prospective   |  | If yes,<br>provide  | Year Level                                    |  |  |
| student have a sibling<br>attending this school or<br>any other Queensland<br>state school?  | Yes No   | name of<br>sibling, year<br>level, date of<br>birth, and              | Date of birth                                 | 1 1  | _  |
| State School:  |  | school  | School  |  |  |
|  | •  |   |   |  |  |
| INDIGENOUS STATU   | JS   |   |   |  |  |
| Is the prospective student<br>of Aboriginal or Torres<br>Strait Islander origin?   | No Aborigin  | al Torres S   | Strait Islander                               | Both Aboriginal and Torre  | es Strait Islander   |
| FAMILY DETAILS   |  |   |   |  |  |
| Parents/carers   | Parer  | nt/carer 1  |   | Parent   | /carer 2   |
| Family name*   |  |   |   |  |  |
| Given names*   |  |   |   |  |  |
| Title  | Mr Mrs Ms  | Miss Dr   |   | Mr Mrs Ms  | Miss Dr  |
| Gender   | Male Female  | )   |   | Male Female  |  |
| Relationship to prospective student*   |  |   |   |  |  |
| Is the parent/carer an emergency contact?*   | Yes No   |   |   | Yes No   |  |
| 1st Phone contact number*  | Work/home/mobile   |   | Work/home/mobile                              |  |  |
| 2 <sup>nd</sup> Phone contact number*  | Work/home/mobile   |   | Work/home/mobile                              |  |  |
| 3 <sup>rd</sup> Phone contact number*  | Work/home/mobile   | Work/home/mobile  |   | Work/home/mobile   |  |
| Email  |  |   |   |  |  |
| Occupation   |  |   |   |  |  |
| What is the occupation group of the parent/carer?  | (Please select the parenta<br>provided at the end of this<br>currently in paid work but<br>or has retired in the last 12<br>occupation. If parent/care<br>last 12 months, enter '8') | s form. If parent/care<br>has had a job in the<br>2 months, please us | er 1 is not<br>e last 12 months<br>e the last | provided at the end of this<br>currently in paid work but I<br>or has retired in the last 12 | occupation group from the list<br>form. If parent/carer 2 is not<br>has had a job in the last 12 months<br>months, please use the last<br>2 has not been in paid work in the |
| Employer name  |  |   |   |  |  |
| Country of birth   |  |   |   |  |  |
| Does parent/carer 1 or<br>parent/carer 2 speak a<br>language other than<br>English at home? (If more<br>than one language,<br>indicate the one that is | No, English only Yes, other – please   | specify   |   | No, English only  Yes, other – please s  | pecify   |
| spoken most often)   | Needs interpreter?   | Yes   | No  | Needs interpreter?   | YesNo  |
| Is the parent/carer an   |  |   |   |  |  |

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| Is the parent/carer a permanent resident of Australia? | Yes No   | Yes No   |  |
|--|--|--|--|
| FAMILY DETAILS (co                                     | antinued)  |  |  |
| Parents/carers   | Parent/carer 1   | Parent/carer 2   |  |
| Address line 1   |  |  |  |
| Address line 2   |  |  |  |
| Suburb/town  |  |  |  |
| State  | Postcode   | Postcode   |  |
| Mailing address (if it is the sa                       | me as principal place of residence, write 'AS ABOVE')  |  |  |
| Address line 1   |  |  |  |
| Address line 2   |  |  |  |
| Suburb/town  |  |  |  |
| State  | Postcode   | Postcode   |  |
| Parent/carer school education                          | What is the <i>highest</i> year of schooling parent/carer 1 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below') | What is the <i>highest</i> year of schooling parent/carer 2 has completed? (For people who have never attended school, mark 'Year 9 or equivalent or below') |  |
| Year 9 or equivalent or below                          |  |  |  |
| Year 10 or equivalent                                  |  |  |  |
| Year 11 or equivalent                                  |  |  |  |
| Year 12 or equivalent                                  |  |  |  |
| Parent/carer non-school education                      | What is the level of the <i>highest</i> qualification parent/carer 1 has completed?  | What is the level of the <i>highest</i> qualification parent/carer 2 has completed?  |  |
| Certificate I to IV (including trade certificate)      |  |  |  |
| Advanced<br>Diploma/Diploma                            |  |  |  |
| Bachelor degree or above                               |  |  |  |
| No non-school qualification                            |  |  |  |
|  | 1.   |  |  |
| COUNTRY OF BIRTH                                       |  |  |  |
| In which country was the                               | Australia Other (please specify country)   |  |  |
| prospective student born?                              |  |  |  |
| Is the prospective student                             | Date of arrival in Australia / /   |  |  |
| an Australian citizen?                                 |  |  |  |
| PROSPECTIVE STUI                                       | DENT LANGUAGE DETAILS  |  |  |
| Does the prospective student speak a language          | No, English only   |  |  |
| other than English at home?                            | Yes, other – please specify  |  |  |
| neme:  |  |  |  |
| EVIDENCE OF PROS<br>Australian citizen)*               | SPECTIVE STUDENT'S IMMIGRATION STAT  | <b>FUS</b> (to be completed if this person is NOT an   |  |
| Permanent resident                                     | Complete passport and visa details section below   |  |  |
| Student visa holder                                    | Date of arrival in Australia / /   | Date enrolment approved to:/   |  |
| Temporary visa holder                                  | EQI receipt number:  Complete passport and visa details section below. Tempor school' from EQI   | rary visa holders must obtain an 'Approval to enrol in a state   |  |

| Other, please specify   |   |                    |   |                      |           |
|---|---|--------------------|---|----------------------|-----------|
|   |   |                    |   |                      |           |
| EVIDENCE OF BROS  | <br>  PECTIVE STUDENT'S IMMIGRA   | TION STATI         | IC* (continued)                           |                      |           |
|   |   |                    | •   |                      |           |
| •   | Passport and visa details (to be completed for a prospective student who is NOT an Australian citizen).  NOTE: A permanent resident will have a visa grant notification with an indefinite stay period indicated. |                    |   |                      |           |
|   | ving in Australia as refugee or humanitarian e<br>'recorded must be sighted by the school.  | ntrants, either PL | O 56 Immigration issued                   | card or 'Document to | travel to |
| Passport number   |   | Passport exp       | iry date                                  |                      |           |
| Visa number   |   | Visa expiry da     | ate (if applicable)                       |                      |           |
| Visa sub class  |   |                    | ·   |                      |           |
| DDOSDECTIVE STU   | DENT'S PREVIOUS EDUCATION   | / ACTIVITY         |   |                      |           |
| PROSPECTIVE STOL  | DENT 3 PREVIOUS EDUCATION   | ACTIVIT            |   |                      |           |
| Where does the<br>prospective student   |   |                    |   |                      |           |
| comefrom?   | Queensland Interstate Overseas  |                    |   |                      |           |
| Previous education/activity   |   | time employment    | Full-time employ                          | ment                 |           |
| Disease was ide was a   | VET Home education  | Other              |   |                      |           |
| Please provide name andaddress of   |   |                    |   |                      |           |
| education provider/activity   |   |                    |   |                      |           |
| provider/employer   |   |                    |   |                      |           |
| RELIGIOUS INSTRUC   | CTION*  |                    |   |                      |           |
| From Year 1, the prospective student may participate in religious instruction if it is available.  Do you want the prospective student to participate in religious instruction? |   |                    |   |                      |           |
|   | nated religion is not represented within the  | □Yes □             | No  |                      |           |
|   | separate location during the period   |                    |   |                      |           |
| Parents/carers may change the   | If 'Yes', please nominate the religion:  If 'Yes', please nominate the religion:  |                    |   |                      |           |
| notitying the principal in writi  | mincipal in writing.  |                    |   |                      |           |
|   |   |                    |   |                      |           |
| PROSPECTIVE STUD  | DENT ADDRESS DETAILS*   |                    |   |                      |           |
| Principal place of residence a  | ddress  |                    |   |                      |           |
| Address line 1  |   |                    |   |                      |           |
| Address line 2  |   |                    |   |                      |           |
| Suburb/town   |   | State              |   | Postcode             |           |
| Mailing address (if it is the sa  | me as principal place of residence, write 'AS   | ABOVE')            |   |                      |           |
| Address line 1  |   |                    |   |                      |           |
| Address line 2  |   |                    |   |                      |           |
| Suburb/town   |   | State              |   | Postcode             |           |
| Email   |   |                    |   |                      |           |
| EMEDGENCY CONT  | ACT DETAIL C (OH  |                    | 6 m a m a m t = 1 - 1 - 1 - 1 - 1 - 1 - 1 | al mana di consti    | -1        |
|   | ACT DETAILS (Other emergency of<br>cannot be contacted. At least one eme  |                    |   |                      | Ol        |
|   | Emergency contact   |                    | •   | ncy contact          |           |
| Name  |   |                    |   |                      |           |
| Relationship (e.g. aunt)  |   |                    |   |                      |           |
| 1st phone contact number*   | Work/home/mobile  |                    | Work/home/mobile                          |                      |           |

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| 2 <sup>nd</sup> phone contact<br>number*  | Work/home/mobile  | Work/home/mobile   |
|---|---|--|
| 3 <sup>rd</sup> phone contact<br>number*  | Work/home/mobile  | Work/home/mobile   |
| PROSPECTIVE STUD  | DENT MEDICAL INFORMATION (including all   | ergies)*   |
| Privacy Statement   | , ,   |  |
| school excursions, school cam for enrolment. The information  | ps, sports and other school activities. DoE will not use this infor   | e medical needs of students during school hours as wellas during<br>mation to make a decision about a prospectivestudent's eligibility<br>d DoE will only record, use and disclose the medical information in<br>ns) Act 2006. |
|   | advised before the prospective student's first day of attendance i<br>e informed of any new medical conditions or a change to medical   | f the prospective student has any medical conditions. The school   |
| Should the prospective student completed before school staff cinstructions for administration.  | need to take routine medication during school hours, the Parent can administer medication. All medication must be provided in the For emergency medication the school will also require a doctor's t consent and health plans must be reviewed annually. All origin | t consent to administer medication at school form must be  |
| No known medical conditions   | · 🔲   |  |
| Medical condition (including<br>allergies/sensitivities),<br>symptoms and management<br>(please refer to the list of<br>medical condition categories<br>provided)   |   |  |
| Medical condition (including allergies/sensitivities), symptoms and management (please refer to the list of medical condition categories provided)  |   |  |
| Medical condition (including<br>allergies/sensitivities),<br>symptoms and management<br>(please refer to the list of<br>medical condition categories<br>provided)   |   |  |
| Does the prospective student require any medical aids or devices (such as glasses, contact lenses, prosthetics of orthotics)? This is for the purpose of informing planning for school activities such as sport and school excursions.  |   |  |
| Name of prospective student's medical practitione (optional)  | r   | Contact number of medical practitioner   |
| Medicare card number (optional)   |   | Position Number  |
| Cardholder name (if not in name of prospective student)   |   |  |
| Private health insurance company name (if covered) (optional)   |   | Private health insurance membership number (leave blank if company name is not provided)   |
| I authorise school staff to contact the prospective student's medical practitioner for the purposes of seeking advice in cases where an immediate but non-life threatening response is required (for instance, when the prospective student may be on an excursion or sporting event), and to provide Medicare card details if required? (answer only if medical practitioner and Medicare card details have been provided above) |   |  |
| COURT ORDERS*   |   |  |
| Out-of-Home Care A  | rangements*   |  |
|   |   | hildren's Court, the child is placed in out-of-home care (OOHC).   |
|   | ort or long term placement with an approved kinship or foster   | carer; in a supported independent living arrangement; in a safe  |
| Is the prospective student ide  | ntified as residing in out-of-home care?  | Yes No   |

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|   | order? Please provide a copy of the cou   | rt order      | Commencement date   | <u> </u>  |
|---|---|---------------|---|---|
| and/or the Authority to Care.   |   |               | End date  |   |
| Contact details of the Child Safety Officer (if known)  |   |               | Name  |   |
|   |   |               | Phone number  |   |
|   |   |               |   |   |
| COURT ORDERS* (continue   | ed)   |               |   |   |
| Family Court Orders*  |   |               |   |   |
| Are there any current orders made pursuant to the Family Law Act 1975 concerning the welfare, safety or parenting arrangements of the prospective student?  Yes  No |   |               |   |   |
| If yes, what are the dates of the court   | order? Please provide a copy of the cou   | rt order.     | Commencement date   | 1 1   |
|   |   |               | End date  |   |
| Other Court Orders*   |   |               | T   |   |
|   | lers, such as a domestic violence order<br>enting arrangements of the prospective s |               | Yes No  |   |
| If yes, what are the dates of the court   | order? Please provide a copy of the cou   | rt order.     | Commencement date   |   |
|   |   |               | End date  |   |
|   |   |               |   |   |
| APPLICATION TO ENROL  | *   |               |   |   |
| I hereby apply to enrol my child or myse  | elf at  |               |   |   |
| , .   | orrect information on this form may lead to t                                       |               | • •   | ent. I believe that the information I                         |
| have supplied on this form is true and c  | orrect in every particular, to the best of my                                       | knowledge.    |   |   |
|   | Parent/carer 1  |               | Parent/carer 2  | Prospective student (if student is mature age or independent) |
| Simulations   |   |               |   |   |
| Signature   |   |               |   |   |
| Date  |   |               | 1 1   |   |
|   |   |               |   |   |
| Office use only   |   |               |   |   |
| Enrolment decision  | Has the prospective student bee   | en accepted   | d for enrolment? Yes  | No (applicant advised in writing)                             |
|   | If no, indicate reason:   |               |   |   |
|   |   |               | nt Eligibility Plan requirement<br>school is not a mature age sta |   |
|   | Does not meet Prep age eligi  | _             | <del>-</del>  |   |
|   | Prospective student is subje  Does not meet requirements                            | •             |   | the time of enrolment application                             |
|   | Does not have an approved f   |               |   |   |
|   | <del>-</del>  |               | ctive student is seeking to be                                    |   |
|   | Prospective student has no r  | 1             | emester allocation of state ed                                    | lucation  |
| Date enrolment / /<br>processed   | Year level  | Roll<br>Class | EQ ID   |   |
| Independent student Yes   | ]No   |               | rtificate/passport sighted, nur<br>d and DOB confirmed            | mber Yes No   |
| Is the prospective student over 18 years  | ars of age at the time of enrolment?  | Yes           | No  |   |
| If yes, is the prospective student exempt from the mature age student   |   |               |   |   |
| process?  If no, has the prospective mature age student consented to a criminal history check?  Yes No.   |   | □No           |   |   |
| School<br>house/  |   | EAL/D s       |   | Yes No  |
|   | Associated  | Visa and      | d associated documents sight                                      | To be determined  |
| ι   | ınit  |               | ident visa  | EX – exchange student   |
| EQI category  |   |               | nporary visa  | DE – distance education                                       |

# **MEDICAL ACTION PLAN**

(Please refer to State Schools Standardised Medical Condition Category List)

| Medical Condition 1:                         |  |
|--|--|
| Medical Condition Category:                  |  |
| (Please use list of Medical Condition        |  |
| Categories provided over page)               |  |
| Symptoms:                                    |  |
| (Include specific medical condition name if  |  |
| known and any symptoms the school should     |  |
| look for)                                    |  |
| Management:                                  |  |
| (Include any special instructions the school |  |
| should follow with regard to this condition  |  |
| e.g. Epipen kept where – schoolbag/office?)  |  |
| Action Plan:                                 | Attached                                     |
|  | Required (Process actioned by school through |
| IHP and/or EHP Required:                     | EQRN)  |
| Madical Cardition 2.                         | Editivi                                      |
| Medical Condition 2:                         |  |
| Medical Condition Category:                  |  |
| (Please use list of Medical Condition        |  |
| Categories provided over page)               |  |
| Symptoms:                                    |  |
| (Include specific medical condition name if  |  |
| known and any symptoms the school should     |  |
| look for)                                    |  |
| Management:                                  |  |
| (Include any special instructions the school |  |
| should follow with regard to this condition  |  |
| e.g. Epipen kept where – schoolbag/office?)  |  |
| Action Plan:                                 | Attached                                     |
| IHP and/or EHP Required:                     | Required (Process actioned by school through |
|  | EQRN)  |
| Medical Condition 3:                         |  |
| Medical Condition Category:                  |  |
| (Please use list of Medical Condition        |  |
| Categories provided over page)               |  |
| Symptoms:                                    |  |
| (Include specific medical condition name if  |  |
| known and any symptoms the school should     |  |
| look for)                                    |  |
| Management:                                  |  |
| (Include any special instructions the school |  |
| should follow with regard to this condition  |  |
| e.g. Epipen kept where – schoolbag/office?)  |  |
| Action Plan:                                 | Attached                                     |
| IHP and/or EHP Required:                     | Required (Process actioned by school through |
| <u>-</u>                                     | EQRN)  |
|  | • •  |

If your student has additional medical conditions, please attach details of all medical conditions.

# State schools standardised medical condition category list

| Acquired brain injury  |
|--|
| Allergies/Sensitivities  |
| Anaphylaxis  |
| Airway/lung/breathing - Oxygen required (continuously/periodically)  |
| Airway/lung/breathing - Suctioning                                   |
| Airway/lung/breathing - Tracheostomy                                 |
| Airway/lung/breathing - Other  |
| Artificial feeding - Gastrostomy device (tube or button)             |
| Artificial feeding - Nasogastric tube                                |
| Artificial feeding - Jejunostomy tube                                |
| Artificial feeding - Other   |
| Asthma   |
| Asthma – student self-administers medication                         |
| Attention-deficit /Hyperactivity disorder (ADHD)                     |
| Autism Spectrum Disorder (ASD)                                       |
| Bladder and bowel - Urinary wetting, incontinence                    |
| Bladder and bowel - Faecal soiling, constipation, incontinence       |
| Bladder and bowel - Catheterisation (continuous, clean intermittent) |
| Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair   |
| Bladder and bowel - Other  |
| Blood disorders - Haemophilia  |
| Blood disorders - Thalassaemia                                       |
| Blood disorders - Other  |
| Cancer/oncology  |
| Coeliac disease  |
| Cystic Fibrosis  |
| Diabetes - type one  |
| Diabetes - type two  |
| Ear/hearing disorders - Otitis Media (middle ear infection)          |
| Ear/hearing disorders - Hearing loss                                 |
| Ear/hearing disorders - Other  |
| Epilepsy - Seizure   |
| Eye/vision disorders   |
| Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid          |
| Heart/cardiac conditions - Heart valve disorders                     |
| Heart/cardiac conditions - Heart genetic malformations               |
| Heart/cardiac conditions - other                                     |
| Mental Health - Depression   |
| Mental Health - Anxiety  |
| Mental Health - Oppositional defiant disorder                        |
| Mental Health - Other  |
| Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump)   |
| Muscle/bone/musculoskeletal disorders - Other                        |
| Skin Disorders - eczema  |
| Skin Disorders - psoriasis   |
| Swallowing/dysphagia - requiring modified foods                      |
| Swallowing/dysphagia - requiring artificial feeding                  |
| Transfer & positioning difficulties                                  |
| Travel/motion sickness   |
| Other  |

### Parental occupation groups for use with parent/carer details

Group 1: Senior management in large business organisation, government administration and defence, and qualifiedprofessionals

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 degrees 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 2: Other business managers, arts/media/sportspeople 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, sportsperson, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals

Health, education, law, social welfare, engineering, science, computing technician/associate professional

**Business/administration** [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

**Defence Forces** senior Non-Commissioned Officer.

### Group 3: Tradespeople, clerks and skilled office, sales and service staff

**Tradespeople** generally have completed a four-year trade certificate, usually by apprenticeship. All tradespeople 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/childcare worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor].

### Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

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

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, 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 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, farmhand, 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].

### Group 8: Have not been in paid work in the last 12 months