



EMERALD  
CHRISTIAN  
COLLEGE  
LEARNING FOR LIFE

# EMERALD CHRISTIAN COLLEGE

## APPLICATION FOR ENROLMENT

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**GEMS CHRISTIAN EDUCATION LTD**

ABN 71 094 768 993

6373 Gregory Highway, EMERALD QLD 4720

+617 4982 0977 / [office@ecc.qld.edu.au](mailto:office@ecc.qld.edu.au)

[www.ecc.qld.edu.au](http://www.ecc.qld.edu.au)



## STUDENT DETAILS

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_

Residential Address:

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if different from residential address)

\_\_\_\_\_

\_\_\_\_\_

When do you want your child to start at the School? \_\_\_\_\_ What year level? \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Arrival in Australia: \_\_\_\_\_ Visa Number and Type: \_\_\_\_\_

If the student is not an Australian Citizen - please provide a copy of the student's passport showing current visa details.

Language spoken at home:  English  Other (please specify) \_\_\_\_\_

First language spoken at home by the student: \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin?

Aboriginal  Yes  No Torres Strait Islander  Yes  No  
(For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes).

Is the student immunised?

Yes Please attach immunization records.

No If no please give details. \_\_\_\_\_

## SCHOOLING HISTORY

Current School: \_\_\_\_\_

Year Level: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Has your child ever been accelerated (skipped a year) or repeated a year:  Yes  No

If Yes, please give details: \_\_\_\_\_

Has your child ever been involved in disciplinary action resulting from involvement in/with bullying, fighting, drugs, alcohol or tobacco:  Yes  No

If yes, please give details: \_\_\_\_\_

### HOUSEHOLD DETAILS

#### FATHER (as per child's birth certificate)

Relationship to Mother

Married  DeFacto  Divorced  Separated  Other \_\_\_\_\_

Lives with student  Yes  No

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: (if different from home address): \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

In relation to church attendance, how would you describe this family's attendance?

Regular  Occasional  Not at All  
(2to4 times month) (Special Occations)

#### MOTHER (as per child's birth certificate)

Relationship to Father

Married  DeFacto  Divorced  Separated  Other \_\_\_\_\_

Lives with student  Yes  No

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address (if different from home address):

\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

How would you describe your church attendance?

Regular

(2 to 4 times a month)

Occasional

(Special Occasions)

Not at All

**OTHER CAREGIVERS/GUARDIANS (if applicable)**

Does your child live with the birth father and birth mother?

Yes  No (If **No** please continue, if **Yes** please complete details relating to any caregivers who are not birth parents, but who live with the child).

**First Primary Caregiver (Guardian 1)**

Relationship to Parent:  Married  DeFacto  Divorced  Separated  Other \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address (if different from home address): \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

How would you describe your church attendance?

Regular

(2 to 4 times a month)

Occasional

(Special Occasions)

Not at All

**First Primary Caregiver (Guardian 2)**

Relationship to Parent:  Married  DeFacto  Divorced  Separated  Other \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Licence Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address (if different from home address): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Attending Church: \_\_\_\_\_

How would you describe your church attendance?

Regular  Occasional  Not at All

(2 to 4 times a month) (Special Occasions)

**CUSTODY AND PARENTING ARRANGEMENTS (if applicable)**

**Note:** Only complete this section If birth parents are no longer living together.

is there a joint consensus to enrol this student at Emerald Christian College:

Yes  No If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any Family Law Order or any other formal orders pertaining to this student:  Yes  No

b) Who is the legal guardian of the child:  Mother  Father  Guardian 1  Guardian 2

Is this student:

A Ward of the State?  Yes  No In the process of being adopted:  Yes  No

In Foster Care?  Yes  No

Living with extended family?  Yes  No

If Yes, please explain: \_\_\_\_\_

Copies of parenting court orders, protection orders, and parental agreement either formal or informal must accompany this application.

### Further Parent/Guardian Information

To whom does the College communicate regarding day-to-day matters?

Mother  Father  Guardian 1  Guardian 2

Which caregivers would you like to receive newsletters, school reports etc.?

Mother  Father  Guardian 1  Guardian 2

Are there any cultural considerations regarding this student that the College should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

### OTHER CHILDREN IN THE FAMILY

Name: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Year Level: \_\_\_\_\_

### EMERGENCY CONTACT - OTHER THAN PARENTS

It is the responsibility of the parents/guardians to keep emergency contacts up to date.

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mobile No: : \_\_\_\_\_ Home No: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mobile No: : \_\_\_\_\_ Home No: \_\_\_\_\_

Email Address: \_\_\_\_\_



## STUDENT LEARNING AND DEVELOPMENT

To enable us to have Nationally Consistent Collection of Data, please complete the following:

Has a specialist ever assessed the student for developmental, learning or behavioural characteristics?

Yes     No

If yes, please give details and attach any related documentation to this application: \_\_\_\_\_

Please complete the table below, if you answer **Yes** to any of the conditions, please provide details and any medical reports.

Condition	Yes	No	Details
ADD/ADHD			
Anxiety Disorder			
Auditory Processing Difficulty			
Autism/Aspergers			
Dyslexia			
Eating disorder			
Hearing Impairment			
Intellectual Impairment			
Learning difficulties			
Mental Health Concerns			
Premature birth			
Physical Impairment			
Social/Emotional			
Self Harm			
Speech/Language Difficulty			
Vision Impairment			
Other (please give details)			

If your child has one of the listed special needs, how does it impact on the student as a learner and in the school environment?

Please attach details: \_\_\_\_\_

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Has your child received 'Learning Support' assistance:  Yes  No

If yes, for which subjects/skill area: \_\_\_\_\_

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Has your child ever been ascertained or had an EAP (Education Adjustment Program) or an IEP (Individual Education Plan?)  Yes  No

If yes, please give details and provide copies of documentation: \_\_\_\_\_

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Do you give permission for your child to be referred for Learning and Development testing if required:

Yes  No

**PHYSICAL DEVELOPMENT AND HEALTH - MEDICAL FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medicare Number (including student's reference number on card and expiry Date.

\_\_\_\_\_ Ref # \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Students family doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Care Card Number (Start Date & Expiry Date) \_\_\_\_\_

Private Health fund and Number: \_\_\_\_\_

Has your child been immunised:  Yes  No Are immunisations up to date:  Yes  No

If NO please state reason: \_\_\_\_\_

Do you give First Aid personnel permission to administer Paracetamol (S2 Drug)?  Yes  No

Swimming Ability:  Excellent  Confident  Some confidence  Not confident

List any medication your child is taking regularly: \_\_\_\_\_

**Note:** Permission to Administer Medication Form must be completed and returned to the office along with labelled medication to allow staff to administer any of the above medications. Students are NOT permitted to hold medication on their person or in their bags. Asthma medications and epipen are allowable if needed.

Please complete the table below, if you answer **Yes** to any of the conditions, please provide details and any medical reports.

Condition	Yes	No	Details
Allergies eg. Food, Ointments, Band-aids/ elastoplasts, Drugs (including anaesthetic and penicillin), Plants, Animals or Other.			
Anaphylaxis			
Asthma or respiratory problems. Puffer/Spacer required. Attach Asthma Plan.			
Back bone, joint or muscular problems			
Brain or head injury			

Chronic fatigue			
Diabetes			
Epilepsy			
Heart problems			
HIV/Hepatitis A,B,C etc			
Kidney problems			
Headaches/Migraine			
Phobias			
Serious illness, operations or accidents			
Skin Problems			
Travel Sickness			
Other			

### PSYCHOLOGICAL/PASTORAL CARE NEEDS

Has this student been victimised or bullied in a previous education setting:  Yes  No

Does this student suffer from any psychological conditions? Eg. depression, anxiety?  Yes  No

Does this student require Pastoral Care in regards to specific emotional needs? Eg. loss of a parent, trauma, social stresses, phobias?

Yes  No If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Are any of the listed conditions above likely to affect the student's ability to participate fully in College activities: (eg. classroom learning, socialisation, sport, camps, excursions etc..)

Yes  No If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Note: If you have answered **YES** to any of the above questions and have any supporting documentation or reports, please attach information to this application form.

## CONSENTS

### 1. Request for Medical Assistance

In the event of an accident or illness I authorise the staff to seek any medical attention that my child should require and agree to meet any expenses incurred.

Assistance Permitted       No assistance Permitted.

### 2. Consent for Medication and Minor First Aid Assistance

I (give/do not) give my permission for sunscreen, topical ointment (i.e. stingoes, savlon, stop itch, betadine, calamine lotion) band aids, bandages, over the counter Paracetamol, Antihistamine or other reasonable first aid the school feels necessary at the time to be administered to my child.

Assistance Permitted       No assistance Permitted.

### 3. Consent for Photographs or Video images for marketing purposes

I (give/do not give) consent to the School using photographs or video images of my child for the purpose of advertising and/or promotional material for the college (eg newsletters, awards nights, chapel and assemblies etc).

- Permitted for all Photos  
 Permitted for specific photos only. Please specify: \_\_\_\_\_  
 Internal only (no public)  
 Social Media  
 Promotions (banners, newsletters, newspaper etc)

### 4. Consent for Swimming - Water Sports/Training

I (give/do not give) consent for my child to attend College swimming activities at any pool that the College utilises for swimming purposes including lessons, competitions etc, in each year that my child attends the School.

Permitted       Not Permitted

### 5. Transport Consent

I (give/do not give) consent for my child to travel in a private vehicle and/or by bus to scheduled events of which I have been made aware.

Bus Transport       Permitted       Not Permitted  
 Authorised Private Vehicle       Permitted       Not Permitted

## HOW DID YOU HEAR ABOUT GEMS CHRISTIAN EDUCATION LTD?

- Word of mouth       Friend/Family       Church Name of Church \_\_\_\_\_  
 Billboard       ECC/Ontrack Buses       Internet research/college website  
 Radio advertising      Other - please explain: \_\_\_\_\_

**WHY DID YOU CHOOSE TO APPLY TO ENROL YOUR CHILD AT GEMS CHRISTIAN EDUCATION LTD?**

- Academic/Educational reputation     Class sizes     Pastoral Care
- Christian Values     Proximity to home     Facilities
- Other - please explain: \_\_\_\_\_
- 

**PRIORITY OF ADMISSIONS**

Enrolment priority is given to:

- a) Siblings of existing students who are enrolled in GEMS Christian Education Ltd.
- b) Siblings and children of staff at GEMS Christian Education Ltd.

Places can only be offered if there are vacancies in the required year level. Please note that until all necessary documents or reports are received and the \$50.00 enrolment fee is paid, we cannot proceed with the application process.

**INTERVIEW PROCEDURE**

The Executive/Principal or their Delegate shall conduct enrolment interviews for prospective Students. If the prospective Student is granted an interview based on initial review of the enrolment application, a time will be made for the prospective Student and/or Caregivers to attend.

This interview will allow the Executive/Principal to become acquainted with the Caregivers and the prospective Student and discuss how GEMS Christian Education Ltd can use resources, programs and Personnel to support the prospective Student. The interview also seeks to ensure prospective Families and Students are in harmony with the purpose and aims of GEMS Christian Education Ltd.

On receipt of the Application to Enrol, this is the following procedure:

1. Further information may be sought if required or if the application is incomplete.
2. The Executive/Principal or their Delegate will view your application and will advise the College Enrolment Officer if the application is to proceed to the interview stage.
3. We will invite you, along with your child/ren to attend an interview with the Executive/Principal, or Delegate. An interview does not mean that a place has or will be offered.
4. Children from new and existing School families are required to attend an interview.
5. If a place is not available your child's name will be held on a waiting list until you inform us otherwise.
6. If your application for enrolment is unsuccessful you will be notified in writing by the Executive/Principal or Delegate as soon as possible.
7. If your application for enrolment is successful a place will be offered in writing as soon as possible after the interview.
8. Acceptance of the offer is required within 7 days by returning the signed Enrolment Contract.

### ADDITIONAL INFORMATION/PROOF OF IDENTITY/CHECKLIST

All Applications for enrolment must accompany a copy of the prospective Student's birth certificate and (if applicable) passport and visa details. A prospective Student born in Australia applying for enrolment whose Caregivers were both born overseas, must supply a copy of the parent/s current Australian Citizenship/Passport/Visa documents. A prospective Student born overseas, with Caregivers both born overseas, must also provide a certified copy of current passports and visa documents, including visa number and expiry date. These documents must be renewed as required by law when a visa expires and a copy provided to the College.

Please check and tick boxes once completed. Enclosed with this application I have included:

- \$50 enrolment fee per family - non refundable
- Copy of most recent school/early childhood reports
- Copy of most recent NAPLAN results (if applicable)
- Copy of birth certificate/passport
- Copy of immunisation records (Little Gems only)
- Copy of any specialist reports (if applicable)
- Copies of Formal Court Orders or Informal Separation Agreements (if applicable)
- Copy of Visa (if applicable)
- All sections on enrolment applications are completed and signed where applicable.

### CAREGIVER AGREEMENT TO ENROL

Enrolment at Gems Christian Education Ltd is regarded as a major long term commitment. In the absence of any Court Orders to the contrary, any decisions about enrolment ordinarily must be made jointly by the Caregivers.

## FULL AND FRANK DISCLOSURE

All applications for enrolment are to include a full and frank disclosure by the Caregivers of ***all information*** about the Prospective Student in relation to enrolment history at previous school/s including any suspensions, expulsions or bullying investigations/reports, family issues and/or arrangements, medical and/or mental health conditions and any other significant educational needs.

Non-disclosure of details as outlined above may result in termination of the Prospective Student's enrolment, at any time.

I/We accept that failure to disclose all relevant information may result in cancellation of an enrolment.

**Name of Father:** \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Date: \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

Date: \_\_\_\_\_

If Applicable:

**Name of Guardian 1:** \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Name of Guardian 2:** \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### PRIVACY

- This information is collected by Gems Christian Education Ltd as part of it's requirement for enrolment of students.
- The primary purpose of collection of this information is to enable the provision of quality Christian education.
- Some information provided on this form may be submitted to government authorities from time to time.
- Sensitive information will not be disclosed without the parents' written consent.
- Information collected will be kept in a secure place.
- The College may provide you with access to your information upon receipt of a written request.
- It is essential that the information supplied is accurate and fully disclosed.
- This information will be shared only for educational or safety purposes and only to those significantly involved with the education of the student.



### STANDARD DATA COLLECTION NOTICE INFORMATION

1. The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of the pupil's enrolment at the school. The primary purpose of collecting this information is to enable the School to provide Schooling for your child.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of the Schools require that certain information is collected. These include Public Health and Child Protection Laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act.
5. The school from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes other schools, government departments, system education offices, medical practitioners, and people providing services to the school, including specialists visiting teachers, sports coaches and volunteers.
6. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the school. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.

### DATA COLLECTION FORM

This information is required by the Queensland Government on education and Youth Affairs for assessment and reporting purposes. Information collected from this form is covered by the College's Privacy Policy.

Name of Student: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home address of student: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

1. Gender: Male  Female

2. Is the student of Aboriginal or Torres Strait Islander origin?  Aboriginal  Torres Strait Islander  
 Neither (For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes.)

3. In which country was the student born?  Australia  Other-please specify: \_\_\_\_\_

4. Does the student or their mother/guardian or their father/guardian speak a language other than english at home: (If more than one language, indicate the one that is spoken most often.)

	Student	Father/Guardian 1	Mother Guardian 2
English Only			
Other Language - please specify			

5 (a). What is the highest year of primary or secondary school the parents/guardians have completed: (for persons who have never attended school, mark 'Year 9 or equivalent or below.') Mark **one** box only in each column.

	Mother/Guardian 1	Father/Guardian 2
Year 12 or equivalent		
Year 11 or equivalent		
Year 10 or equivalent		
Year 9 or equivalent or below		

5(b). What is the level of the highest qualification the parents/guardians have completed? Mark one box only in each column.

	Mother/Guardian 1	Father/Guardian 2
Bachelor degree or above		
Advanced Diploma/Diploma		
Certificate I to IV (including trade certificate)		
No Non-school qualification		

6(a). What is the occupation group of the mother/guardian 1? \_\_\_\_\_

6(b). What is the occupation group of the father/guardian 2? \_\_\_\_\_

Please select the appropriate parental occupation group from the list below.

## LIST OF PARENTAL OCCUPATION GROUPS (FOR QUESTION 6)

### Group 1: 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 2: 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, proofreader, 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 3: 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/refugee/child care 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's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
- **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]
- **Labourers and related workers**

**Group 8:** This category is used for participants who have not been in paid work for the previous 12 months or longer.

## PAYMENT OPTIONS

### Preferred Method of Payment

#### Debit from nominated Bank Account

An ezidebit form will be attached to your invoice which will allow the College to debit your nominated account.

**Note:** If you would like to make alternative arrangements for payment of fees, please contact Emerald Christian College Administration via phone or email.

ECC: [office@ecc.qld.edu.au](mailto:office@ecc.qld.edu.au)

Phone: 49820977

## BILLING RESPONSIBILITY

Please give details of the person/s responsible for tuition/College fees. Fees will be invoiced to an account in the name/s of the parent/guardian/s whose signature/s appears on the enrolment contract. (Alternative arrangements may be requested by providing details in writing, together with signed authorisation by all parties concerned). Please be aware your account remains the responsibility of the person/S signing the enrolment contract.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing email address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

