



Student Enrolment Application Form



VICTORY COLLEGE
EST. 1980

Kindy to Year 12



VICTORY COLLEGE

Student Application Form

Please complete all pages of this form and forward to:

Victory College P.O. Box 308 Gympie QLD 4570

Phone: (07) 5482 8206 **Fax:** (07) 5482 4317 **Email:** enrolments@victorycollege.com

SOURCE OF ENQUIRY

How did you hear about Victory College?

- | | | | | |
|---|--------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Buses | <input type="checkbox"/> Google search | <input type="checkbox"/> Facebook | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Recommendation from friend | | <input type="checkbox"/> Cinema Ad | <input type="checkbox"/> Billboard | <input type="checkbox"/> Radio |

Reason/s for selecting Victory College:

DISCLAIMER AND SIGNATURE

I certify that all information included is true and complete to the best of my knowledge, and that as part of the interview process, Victory College may contact my child's previous school to seek more information. I understand that Victory College will take reasonable steps to secure and protect all information given from misuse, interference, loss, unauthorized access, modification or disclosure.

I acknowledge that this application form is not the entire enrolment process and does not secure or guarantee my child a position at Victory College. **I understand that an enrolment interview, offer of position, enrolment contract, and the relevant deposit/s would be required to secure my child/rens position at Victory College.**

Parent/Guardian 1 Name

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Name

Parent/Guardian 2 Signature

Date



VICTORY COLLEGE

STUDENT DETAILS (As stated on birth certificate)

Family Name:		Child's Family Name to be known as:	
Given Names:			
Preferred Names:			
Home Address:			
		State:	Postcode:
Has student previously been enrolled at this school? Yes No			
Date of Birth:	Country of Birth:	Country of Citizenship:	Home Language:
Ethnic group: Aboriginal Other _____		Transport Arrangement: Car Bus Other	Gender:
Student on Visa Visa no.:			Visa expiry Date:
Religion and/or denomination:			

EDUCATION

Grade to enrol:	Term & Year of enrolment (eg. Term 1 2023):
Has your child ever repeated a year? If so, which grade:	
Name of school last attended or now attending:	
Sibling/s (name & age):	
Are these children currently enrolled at Victory College? <input type="checkbox"/> Yes <input type="checkbox"/> No	



PARENT / CARER 1

Family Name:		Given Names:		Title:	
Do you wish Carer 1 to be the first contact: <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of birth:	
Home Address:					
		State:		Postcode:	
Postal Address:					
		State:		Postcode:	
Email Address (please print clearly):					
Home number:			Mobile number:		
Country of Birth:			Religion/denomination:		
Country of Citizenship:		Home language:		Ethnic Background:	
Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Carer <input type="checkbox"/> Other (specify):					
What is your occupation group? <input type="checkbox"/>					
Select the appropriate parental occupation group number from Appendix 7 and write the number in the box above. If you are not currently in paid work but have either had a job in the last 12 months or have retired, use your last occupation.					
Occupation:			Company/Location:		
What is the highest year of primary or secondary school you have completed? <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 (For persons who have never attended school, mark 'Year 9 or equivalent or below.')			What is the level of the highest qualification you have completed? <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"/> Year 9 or equivalent or below <input type="checkbox"/> No non-school qualification 		
Please select who will receive the following information;					
SMS notifications (eg. absentee alerts) Email notifications (including newsletter) Parent Portal (SchoolBox - once activated)		Mother: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Father: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Both: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



PARENT / CARER 2
(For details that are the same, write 'as Parent 1')

Family Name:	Given Names:	Title:
Do you wish Carer 2 to be the first contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:
Home Address:		
	State:	Postcode:
Postal Address:		
	State:	Postcode:
Email Address (please print clearly):		
Home number:	Mobile number:	
Country of Birth:	Religion/denomination:	
Country of Citizenship:	Home language:	Ethnic Background:
Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Carer <input type="checkbox"/> Other (specify):		
What is your occupation group? <input type="checkbox"/> Select the appropriate parental occupation group number from Appendix 7 and write the number in the box above. If you are not currently in paid work but have either had a job in the last 12 months or have retired, use your last occupation.		
Occupation:	Company/Location:	
What is the highest year of primary or secondary school you have completed? <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 (For persons who have never attended school, mark 'Year 9 or equivalent or below.')	What is the level of the highest qualification you have completed? <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"/> Year 9 or equivalent or below <input type="checkbox"/> No non-school qualification 	



NATURAL FATHER/MOTHER (If not living at the above address)

Family Name:	Given Names:	Title:
Home Address:		
	State:	Postcode:
Postal Address (if different to above):		
	State:	Postcode:
Home Phone:	Work Mobile Phone:	
Date of birth	Religion/Denomination:	
Email Address (please print clearly):		
Home Language (if other than English):		Country of Birth:
Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Carer <input type="checkbox"/> Other (specify):		
Allowed to collect student/s: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your occupation group? <input style="width: 30px; height: 20px;" type="text"/> Select the appropriate parental occupation group number from Appendix 7 and write the number in the box above. If you are not currently in paid work but have either had a job in the last 12 months or have retired, use your last occupation.		
Occupation:	Company/Location:	

DETAILS OF ARRANGEMENTS OF SEPARATED PARENTS

Is there a Family Separation Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a Court Order in place?: <input type="checkbox"/> Yes (If yes we require a copy along with application form) <input type="checkbox"/> No			
Please select who will receive the following information;			
SMS notifications (eg. absentee alerts) Email notifications (including newsletter) Parent Portal (SchoolBox - once activated)	Mother: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Father: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Both: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
What % of the time is the child living with: The mother _____ The father _____			



STUDENT PERSONAL DEVELOPMENT

The following details assist the College to plan for the educational needs of your child.
Please complete ALL sections.

ENROLMENT GOALS

To investigate whether Victory College can safely, reasonably and fairly provide an educational environment in which the student may learn and participate to his/her potential. This consultative investigation will incorporate:

- Information gathering processes to collate relevant information about the student, including information about his/her skills, abilities, strengths, deficits and personal qualities in academic, functional and behavioural aspects (including intellectual functioning, academic / curriculum considerations, communication, social participation and emotional wellbeing, physical considerations, and personal care and safety);
- Determining the adjustments that may be required or advisable for the student; and
- Exploring the reasonableness, feasibility, viability, practicality, workability and utility of implementing appropriate adjustments in an attempt to support the student to learn and participate in the school's educational processes, facilities and services to his/her potential.

To explore the extent to which it will be reasonably practicable to ensure the health, safety and welfare of all students (including the student), school personnel and school community members in relation to the student in the classroom and during the school day and while out on excursions/camps.

COLLABORATION AND COMMITMENT

Liaison within the Enrolment Team

The Enrolment Team, consisting of the College Enrolment Co-Ordinator, Teachers and College Leadership will liaise and collaborate to develop this Plan. The Enrolment Co-Ordinator is the nominated point of contact for communications.

Medical, family and educational information

Student's parents must provide full and accurate information and documentation about the family background, educational background, behavioural background, medical history, psychological background, special needs, and health and well-being of the student, including information about any matter that may impact the student's attendance at the student. This is a mandatory obligation*

Student's parents must provide copies of all information and documentation (previous and current) relevant to the student's education, health and well-being including, but not limited to:

- birth certificate;
- psychological, psychiatric and medical reports;
- educational and IQ reports and testing results;
- learning plans; and
- court orders, parenting plans and family law matters

Parents are aware that the College requires all documentation to be submitted before the next step of the assessment and enrolment process can continue.



Medical and/or allied health support personnel

Student's parents will authorise school personnel to liaise with students current and previous education providers, medical and/or allied health support personnel to obtain current and relevant information about the student (in addition to the medical and allied health records that have been provided). Parents acknowledge that potential students may be required to be observed in their current education setting. Student's parents are responsible for the costs incurred with medical and/or allied health support personnel. Parents are required to provide current contact details for all external persons involved in their child's diagnosis to follow up if required.

Meetings of College personnel

College personnel will meet as required to review the implementation of this Plan. Parents acknowledge that the College requires adequate time frame to review documentation. This will be discussed personally with the Parents throughout the enrolment process

PARENTS EXPECTATIONS OF ENROLMENT (Parents to provide a brief description)

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.....

.....

.....

.....

.....

Parent/Guardian 1 Name

Signature

Date

Parent/Guardian 1 Name

Signature

Date

Head of College Name

Signature

Date

***Mandatory obligations:** A failure to comply with a mandatory obligation without reasonable cause may lead to the cessation of this investigative and consultation process. If the student has been enrolled before the non-compliance is fully ascertained, it may lead to a cancellation of the Enrolment Agreement.



PERSONAL DEVELOPMENT (CONTINUED)

What are your child's:

Hobbies/interest?

.....

Abilities/strengths?

.....

List any concerns you have about your child:

At school

.....

At home.....

.....

Other

Has your child been diagnosed/verified with a specific disability or impairment? ☐ Yes ☐ No

Level:

Disability/Impairment	Status	Date of Diagnosis	Paediatrician or other specialist report or letter attached?
Autism Spectrum Disorder (including Aspergers)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Social/Emotional Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Language Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Difficulty/Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviours that interfere with learning (eg. ADD, ADHD, OCD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD <input type="checkbox"/> Inattentive <input type="checkbox"/> Hyperactive			

Disability/Impairment	Status	Date of Diagnosis	Paediatrician or other specialist report or letter attached?
Dysgraphia	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dyscalcula	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dyspraxia	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Generalised Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child been assessed by any of the following specialist services?

Specialist Services	Yes/No	Name of Centre	Date of first visit	Is your child attending now?	Copy of report
State/Child Guidance	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist Clinic (Hospital/Private)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audiologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ophthalmologist	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (eg. Optometrist)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Has your child ever repeated a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, which years repeated:	School:
Has your child ever been accelerated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Does your child have any social difficulties with other children? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
Has your child ever required a specialised behavioural plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at which school and please provide details?	
Has your child ever received 'learning support' assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Level: If Yes, please specify:	
Is there any other information you need to provide that is relevant to or would impact on the school life of the child or other children?	

Medical Authority & Consent

- In the event of an emergency, Victory College will attempt to contact the parent. In the event of the College not being able to make contact, I consent to the College staff to contact medical or dental advice on behalf of my child as they see fit. If in the opinion of an attending medical/dental practitioner/school medical officer, my child requires medical or dental attention including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, I agree to the afore mentioned professions giving such attention and treatment.
- I certify that the consent which I have given in paragraph (1) is valid at all times where my child is in the custody of the College, including but not limited to such times as my child is at the College, is present at a College excursion or is attending or participating in a function.
- Please circle (a) or (b) below.
 - I certify that my child does not to my knowledge suffer from any illness or disability or taking medication which might interfere with or inhibit any medical or dental attention or treatment.
 - I give notice that my child suffers from the following illness and/or disabilities and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment
- If your child is injured at Victory College, unless we receive instructions from you otherwise, if necessary he/she will be transported to the local hospital.



CONDITIONS Please supply details of any of the below conditions		
Heart problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Respiratory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Asthma If Yes, an action plan must be supplied along with medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Allergies (please specify) An action plan must be supplied along with medication for students who are anaphalactic.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Anaphalactic <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Diabetes If Yes, an action plan must be supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Other Medical condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Immunised	<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not	Details:

All medication must be supplied in a container labelled by a health care professional or pharmacist.

MEDICAL & SUPPORT CHECKLIST
Please ensure you have included the following (where relevant) when submitting your application: <input type="checkbox"/> Asthma action plan <input type="checkbox"/> Anaphylactic action plan <input type="checkbox"/> Paediatrician/Specialist reports <input type="checkbox"/> Other relevant medical and/or support documents



EMERGENCY CONTACT
Parents/Carers are automatically the 1st and 2nd emergency contact. Please provide a 3rd contact.

EMERGENCY CONTACT
Parents/Carers are automatically the 1st and 2nd emergency contact. Please provide a 3rd contact.

<input type="checkbox"/> Mr <input type="checkbox"/> Miss	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Given Name:	Family Names:
Best Contact Number:		Relationship to student:	
Authorised to collect student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I authorise the College staff to administer according to manufacturer's recommended dosage to my child if necessary			
a.Children's PANADOL colour-free Suspension or PANADOL Mini Caps: <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Antihistamine: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicare number: <div><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"/><input type="text"/><input type="text"/></div>		Expiry Date:	
Reference No. <input type="text"/>			
Current Doctor's/ Hospital's name:			
Doctor's Phone Number:			
Medical Consent Signature:			
(Parent or Guardian's name)		(Parent or Guardian's Signature)	
		(Date)	



Occupation Groups

Appendix 7

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/sports-persons 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 (NCO)



GROUP 3

Tradespeople, clerks and skilled office, sales and service staff

- **Tradespeople** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All trades people 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)
- **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)





VICTORY COLLEGE

Kindy to Year 12

173 Old Maryborough Road, Gympie Q 4570
P: 07 5482 8206 E: enrolments@victorycollege.com
www.victorycollege.com.au