

Student Application for Enrolment Form 2025

Complete all sections of this application and provide the requested documents. The more information you include, the better we can assess your suitability for enrolment.

Submitting this application does not guarantee enrolment; this will be decided after an interview and review.

If you have trouble obtaining information, like previous school reports, contact Novo Education Space for assistance. Make sure to complete the information release form so we can access any previous school records you can't provide.

For more information or to discuss any aspect of your application please contact your local Novo Education Space Campus:

Shoalhaven enrolments

Phone: 0423 292 499

Email: shoalhavenadmin@novo.nsw.edu.au

Wollongong enrolments

Phone: 4226 1622

Email: wollongongadmin@novo.nsw.edu.au

Novo Education Space Information Collection Notice

Welcome to Novo Education Space.

We want you to know how we collect and use your information. Here's what you need to know:

1. Who We Are

Our Name: Novo Education Space

Our Operator: We are run by Workers' Educational Association Illawarra (WEA Illawarra, ABN 14062944950).

2. What Information We Collect

About Students and Families: We collect details like your name, age, contact information, academic records, and even health information.

Sensitive Details: Some of the information (like health details) is considered sensitive and is handled with extra care.

3. Why We Collect Your Information

To Help You Succeed: We use this information to provide you with the best education and support possible.

To Follow the Law: There are rules (like Education Acts and public health laws) that require us to collect and share some of this information.

For Safety and Care: The information helps us keep you safe and meet our duty of care.

4. How We Use and Share Your Information

For School Work: We use your details to plan lessons, help you learn, and to manage the school.

For Legal Reasons: Sometimes the law requires us to share information with government departments or other schools.

Who Sees It: Your information might be shared with teachers, school support staff, government agencies (like the NSW Education Standards Authority), and approved service providers (such as doctors, visiting teachers, and counsellors).

5. What Happens if We Don't Get This Information

Enrolment Matters: If we can't collect the necessary information, we might not be able to enrol you or keep you enrolled.

6. How You Can See, Change, or Complain

Your Rights:

You or your parent/carer/legal guardian can ask to see the information we have about you.

You can also ask us to update or fix any mistakes.

If you think we haven't treated your information right, you can make a complaint.

More Details: Our full Privacy Policy (available at www.weaillawarra.com.au or by asking at the school) explains these rights further.

Application for Enrolment for School Year 2025

For which campus and school year are you applying?

Shoalhaven		Wollongong	
<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10
<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12

Section 1: Student's Personal and Previous Education Details

You should complete this section using the student's legal name as it appears on their birth certificate

Family name			
First given name			
Second given name			
Preferred first name			
Date of birth		Age	
Gender			
Pronouns	<input type="checkbox"/> She/Her	<input type="checkbox"/> He/His	<input type="checkbox"/> They/Them <input type="checkbox"/> Other (please state)
Residential address			
Suburb		Postcode	
Student's home phone			
Student's mobile number			
Student's personal email			
Please attach copy of birth certificate, passport or other document proving your identity and date of birth			

Living arrangements (please tick)

<input type="checkbox"/> Family residence with two parents	<input type="checkbox"/> With mother only	<input type="checkbox"/> With father only
<input type="checkbox"/> With other relative(s)	<input type="checkbox"/> Independent	<input type="checkbox"/> Out of Home Care
<input type="checkbox"/> Other (please specify)		

Aboriginality

Is the student of Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander

Birthplace and Languages

In which country was the student born?			
Does the student speak a language other than English at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which language(s)			

If the student was born overseas, YOU MUST ANSWER THE FOLLOWING QUESTIONS and provide evidence, or your application cannot be considered			
What date did the student arrive in Australia?			
What is the student's Australian residency status?		<input type="checkbox"/> Australian Citizen (provide copy of citizenship certificate) <input type="checkbox"/> New Zealand Citizen (provide confirmation: passport, birth certificate) <input type="checkbox"/> Permanent or Temporary Resident (provide a copy of passport and visa)	
Visa Sub-Class		Visa Expiry Date	

Please list the names and ages of student's brothers and sisters

Name		Age	
Name		Age	
Name		Age	

Please list ALL previous high school enrolments

Date enrolled	Last day of attendance	Name of School	Year(s) in which enrolled	Completed	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Eg. 1/2/2021</i>	<i>Eg. 12/12/2023</i>	<i>Novo Education Space</i>	<i>Years 7,8</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is/was the student's reason for leaving their last school?

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NESA Student Number (if known)	
Unique Student Identifier (USI) issued if you have ever completed any accredited vocational training	

Section 2: Medical, Health, Wellbeing and Learning Support Details

It is essential you inform us of any medical conditions, including known allergies. You should also contact the school if there are any new or changed conditions. This information helps us support the student's safety and wellbeing, and plan for their health needs. It is crucial for your child's safe participation at school.

Medical Practitioner Details	
Doctor's Surgery Name	
GP or Family Doctor Name	
Doctor's Surgery Phone	
Dentist Surgery Name	
Family Dentist Name	
Phone Number	

Medicare and Health Fund Details											
Student Medicare Number										Ref No:	
Medicare Card Expiry Date											
Private Health Fund Name											
Private Health Fund Number											

Other Health Practitioner Details	
Specialist or Consultant Medical Practitioner Name	
Specialisation (eg paediatrician, cardiologist)	
Phone Number	
Other Health Practitioner Name	
Profession (eg, psychologist, diabetes educator)	
Phone Number	

Does the student have any current diagnosed Medical Conditions (eg, asthma, diabetes, epilepsy)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please list medical conditions.

Medications

Does the student take any regular medication?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please list medication and related illness and include dose and frequency.

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Does the student require prescribed medication to be kept at school and administered throughout the day?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, you will be required to complete a *Medication Administration Request Form*

Does the student have any previous INJURIES of which we should be aware and take into account?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please provide details.

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Does the student have any known ALLERGIES?

Yes No

If **yes**, please complete the following

The student is allergic to: _____

Has the allergy previously resulted in hospitalisation? Yes No

Is the allergy life-threatening? Yes No

Has the allergy been described as anaphylaxis? Yes No

Has the student been prescribed an EpiPen? Yes No

If you have answered 'Yes' to the above medical condition or allergy questions, you will be required to provide a health or medical action plan from a registered Medical Practitioner treating the condition. All medical health plans should include advice regarding the management of the condition and emergency care procedures.

I give permission for Novo Education Space staff to provide the following non prescribed medication for self-administration if required to be taken at school.

- Salbutamol (Ventolin)
- Paracetamol (Panadol)
- Antihistamine (Claratyne)

I give my permission for Novo Education Space to seek information from the student's medical/health practitioner about how to manage the student's injury, allergy, mental health or other medical condition. Yes No

Immunisations

PLEASE ATTACH YOUR CHILD'S IMMUNISATION RECORD

It is Department of Education policy that student immunisation details are provided to the school on application for enrolment.

Date of last tetanus injection	
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Students with Disabilities and Learning Support

Please indicate if the student has any of the following

- Autism
- ADHD
- Mental health disorder
- Vision impairment
- Hearing impairment
- Learning Disability
- Intellectual disability
- Other (please specify)
- Processing disorder
- Behaviour Disorder
- Physical disability

Does the student require support for learning because of a disability?

- Yes No

Does the student have a current Individual Learning Plan?

- Yes No

Our staff work together with parents/carers to identify reasonable adjustments to meet the student’s learning needs and to support student success.

Are there any other special circumstances about the student that the school should know about prior to enrolment?

(eg, mature age, pregnancy, living apart from parental supervision, subject of a court order, subject of bullying by others, out of home care arranged by the state, refugee, asylum seeker living in community detention etc).

Yes

No

If yes, please provide a brief explanation of the circumstances below.

In completing this section of the application for enrolment form, you are certifying that the medical, health and wellbeing and disability information provided in this form is, to the best of your knowledge, true and correct. You agree to provide updated information to Novo Education Space should you become aware of any new information regarding the student’s medical conditions, injuries, allergies, mental health conditions or other health and wellbeing concerns.

In the case of a medical emergency, Novo Education Space will seek all necessary medical or emergency care, including calling an ambulance (NB: the school has ambulance insurance cover for all students who are not covered by a private health fund or on a health care card). By submitting this application to us, you agree to this clause.

Section 3: Support Services

Please indicate below if you are currently receiving any regular support from any service or practitioner

Name of Service _____

- Type of Service
- | | | |
|---|--|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Alcohol/Drug |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Education, | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Community Services | Employment, | <input type="checkbox"/> FACS |
| <input type="checkbox"/> Financial | Training | <input type="checkbox"/> Other |

Service Phone No _____

Service Provider Name _____

Service Provider Position _____

Service Provider E-mail _____

How long have you been involved with this service? Years: _____ Months: _____

Will you keep in contact with this service in 2025? Yes No

Comments from Service Provider (or please attach a letter of support if appropriate):

Section 4: Publishing Student Information

Novo Education Space may publish information about your child for the purposes of sharing their experiences with other students, informing the school and broader community about the school and student activities and recording student participation in noteworthy projects or community service. This information may include your child's name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child's work and expressions of opinion such as in interactive media.

The communications in which your child's information may be published include but are not limited to:

- Public websites including the school and WEA websites;
- the school's intranet (staff only);
- Novo Education Space and WEA Illawarra publications including newsletters, annual school magazine, annual reports, promotional material published in print and electronically
- Official Novo Education Space and WEA Illawarra social media accounts

Parents/carers should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to Publish

I have read the information about publishing student information (above) and

<input type="checkbox"/> I give permission	<input type="checkbox"/> I do not give permission
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For Novo Education Space/WEA Illawarra to publish information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Section 5: Online Services

Novo Education Space provides students with access to the Internet as well as access to a personalised email account and online applications such as Google Classroom and other online learning and communication platforms. These resources enable students to collaborate with peers, publish online, and securely store their data for access within, or outside of, school. When accessing some online services, data, including your child's name and files they have saved, are stored with the online application service provider in a location outside of the Novo Education Space network.

<input type="checkbox"/> I give permission	<input type="checkbox"/> I do not give permission
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for my child to have access to online services provided by Novo Education Space. This permission remains effective until I advise the school otherwise.

Section 6: Previous Schooling Verification & Risk Assessment

This page should be completed by a middle or executive leader from the school at which you are currently enrolled or were most recently enrolled.

Novo Education Space has a responsibility to assess and manage any risk of harm to its staff and students. This information will help facilitate the smooth transition of the student into our specific school setting, to understand their needs and help formulate any strategies to help meet the student's needs and ensure the safety of this student, other students and our staff.

Student Name _____ DOB _____

School Name _____

Dear Colleague

To assist us in determining eligibility and conducting a risk assessment in relation to this student's application for enrolment at Novo Education Space, please supply any relevant information about this student's prior schooling completion, behaviour or disciplinary history. Should you wish to discuss this student's application please call 4226 1622.

Student NESA Number (if known) _____

School Contact Person _____

Contact Phone Number _____

E-mail Address _____

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| Did this student complete year 7 and 8? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Did this student complete year 9? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Did this student complete year 10? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Did this student complete year 11? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

Has this student been suspended/expelled for violence, threats of violence or possession on school premises of a weapon or implement used or intended to cause harm? Yes No

Does this student have a documented history of violence or use of alcohol or other drugs (illicit or legal in a manner not prescribed)? Yes No

To your knowledge, is there anything in the student's history or circumstances which might pose a risk of any type to this student, other students, or staff at Novo Education Space? Yes No

Please provide details or other comments

Signature of Contact Person _____

Section 7: Parent/Carer and Emergency Contacts Details

It is important for us to maintain accurate contact details regarding each student's carers and people we can contact in an emergency. We are also required by the Australian Government to collect background information regarding carers for statistical purposes and so that the right amount of funding is provided to the school. **Please assist by completing the information in full.**

Parent/Carer 1 (the person with whom the student normally lives)

Relationship to student (eg, mother/father/carers)					
Title (eg, Ms, Mr)		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Family name					
Given name					
Authorised to pick up from school?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Contact in an emergency?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Residential address					
Suburb		Postcode			
Mobile phone number					
Work phone number					
Home phone number					
E-mail address					
In which country were you born?					
Aboriginality	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
Do you speak a language other than English at home				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which language(s)?					
Occupation Group: Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 10 for more information and examples.					
<input type="checkbox"/> Group 8	Have not been in paid work in the last 12 months				
<input type="checkbox"/> Group 4	Machine operators, hospitality staff, assistants, labourers and related workers				
<input type="checkbox"/> Group 3	Tradespeople, clerks and skilled office, sales and service staff				
<input type="checkbox"/> Group 2	Other business managers, arts/media/sportspersons and associate professionals				
<input type="checkbox"/> Group 1	Senior management in large business organisation, government administration and defence and qualified professionals				
Occupation					

School Education

What is the highest level of schooling this parent/carers has 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 equivalent or below
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Educational Qualifications

What is the highest qualification this parent/carers has completed?

<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> Certificate I-IV (inc Trade Certificate)	<input type="checkbox"/> No non-school qualification
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Parent/Carer 2 (another parent in the same household)

Relationship to student (eg, mother/father/carers)					
Title (eg, Ms, Mr)		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Family name					
Given name					
Authorised to pick up from school?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Contact in an emergency?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Residential address					
Suburb		Postcode			
Mobile phone number					
Work phone number					
Home phone number					
E-mail address					
In which country were you born?					
Aboriginality	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
Do you speak a language other than English at home				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which language(s)?					
Occupation Group: Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 10 for more information and examples.					
<input type="checkbox"/> Group 8	Have not been in paid work in the last 12 months				
<input type="checkbox"/> Group 4	Machine operators, hospitality staff, assistants, labourers and related workers				
<input type="checkbox"/> Group 3	Tradespeople, clerks and skilled office, sales and service staff				
<input type="checkbox"/> Group 2	Other business managers, arts/media/sportspersons and associate professionals				
<input type="checkbox"/> Group 1	Senior management in large business organisation, government administration and defence and qualified professionals				
Occupation					

School Education

What is the highest level of schooling this parent/carers has 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 equivalent or below
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Educational Qualifications

What is the highest qualification this parent/carers has completed?

<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced Diploma/ Diploma	<input type="checkbox"/> Certificate I-IV (inc Trade Certificate)	<input type="checkbox"/> No non-school qualification
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Details of any Parent/Carer not living with this student

Complete only if applicable. Copies of any relevant family law or other court orders concerning the student, parent/carer access and living arrangements must be provided. Please print and attach additional pages if required

Relationship to student (eg, mother/father/carer)					
Title (eg, Ms, Mr)		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Family name					
Given name					
Authorised to pick up from school?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Contact in an emergency?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Residential address					
Suburb		Postcode			
Mobile phone number					
Work phone number					
Home phone number					
E-mail address					
In which country were you born?					
Aboriginality	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
Do you speak a language other than English at home				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which language(s)?					
Occupation Group: Please choose the group that best describes your occupation. Mark one box only. If you have retired or stopped work in the last 12 months, choose the group in which you used to work. See page 10 for more information and examples.					
<input type="checkbox"/> Group 8	Have not been in paid work in the last 12 months				
<input type="checkbox"/> Group 4	Machine operators, hospitality staff, assistants, labourers and related workers				
<input type="checkbox"/> Group 3	Tradespeople, clerks and skilled office, sales and service staff				
<input type="checkbox"/> Group 2	Other business managers, arts/media/sportspersons and associate professionals				
<input type="checkbox"/> Group 1	Senior management in large business organisation, government administration and defence and qualified professionals				
Occupation					

School Education

What is the highest level of schooling this parent/carer has 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 equivalent or below
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Educational Qualifications

What is the highest qualification this parent/carer has completed?

<input type="checkbox"/> Bachelor degree or above	<input type="checkbox"/> Advanced Diploma/Diploma	<input type="checkbox"/> Certificate I-IV (inc Trade Certificate)	<input type="checkbox"/> No non-school qualification
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Additional Emergency Contacts

Please nominate two people over the age of 18 years who may be contacted in the event of an emergency if the school is unable to contact the parents/carers listed. Ideally each contact should be someone who lives within a reasonable distance of the school and has access to transport. Please ensure that you have discussed with these people their willingness to be emergency contacts.

First Preference Contact Details

Full Name		
Relationship to Student		
Contact phone number		
Authorised to pick up from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Second Preference Contact Details

Full Name		
Relationship to Student		
Contact phone number		
Authorised to pick up from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The next page lists the Parent Occupation Groups – use these group numbers to complete occupation information for each parent/carer in this form.

<p>Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals</p>	<ul style="list-style-type: none"> • 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]
<p>Group 2: Other business managers, arts/media/sportspersons and associate professionals</p>	<ul style="list-style-type: none"> • 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
<p>Group 3: Tradesmen/women, clerks and skilled office, sales and service staff</p>	<ul style="list-style-type: none"> • Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group. • Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk] • Skilled office, sales and service staff. • Office [secretary, personal assistant, desktop publishing operator, switchboard operator] • Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher] • Service [aged/disabled/refuge/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]
<p>Group 4: Machine operators, hospitality staff, assistants, labourers and related workers</p>	<ul style="list-style-type: none"> • Drivers, mobile plant, production/processing machinery and other machinery operators. • Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, 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]
<p>Please note</p>	<p>If the person is not currently in paid work but had a job or retired in the last 12 months, please use the person's last occupation.</p> <p>If the person has not been in paid work in the last 12 months, please write "8" in the box.</p>

Section 8: Consent and Signatures

Please Read This Carefully

By signing and submitting this form you are acknowledging these things:

About the Information You Provide

- You have given details about the student’s learning and support needs, including any health conditions, special needs, or previous issues that might affect their safety or learning.
- You understand this information is needed to decide if the student can join Novo Education Space and to help support them once they’re enrolled.

Why We Need This Information

- Novo Education Space uses the information to decide on enrolment and to make sure we provide the right support for the student.
- If you do not provide the requested information, we may not be able to properly make a decision about the student’s enrolment or provide the services they need.

How We Handle Your Information:

- All the personal details given will be managed according to the Privacy Act 1988 and our Privacy Policy.
- If the enrolment application is not successful, we will keep the information on file for six months.

Your Permission to Get More Information:

- You agree that Novo Education Space can ask for more information from:
 - Previous schools
 - Government departments
 - Hospitals and health professionals
 - Other organisations who may have helpful information

This may include, but is not limited to:

- School records and reports
- Counsellor or school counsellor reports
- Behaviour assessments
- Mental health or general health assessments, treatment plans and medical reports
- Legal reports or court orders
- Reports from youth workers or case managers
- Any other information which helps us make sure the young person applying, other students at the school and staff at the school will be safe.

Your Declaration:

- I confirm that the information I have given is correct and complete to the best of my knowledge.
- I have read and understand what this form means, including how my personal information is collected, used, and shared.
- Any personal information I provide about someone else has been given with their permission.
- I understand that if any information is found to be false or misleading, the enrolment decision may be changed.

Student Name _____

Student Signature _____

Date _____

Parent/ Carer/ Support Person Name _____

Parent/ Carer/ Support Person Signature _____

Date _____

Section 9: Attachments

Please attach all requested documents. Without them, we cannot process your application or offer an interview. If you have any issues providing the documents, contact the Administration Officer before submitting your form

Essential Supporting Documents	Attached	
	Yes	No
Copy of birth certificate or passport		
Copy of most recent school reports		
Medical and/or Disability reports (if applicable)		
Year 9 NAPLAN test results (if applicable)		
Learning Support Plans (if applicable)		
Photocopy of Medicare Card		
Copy of student's Immunisation Record		
If the student was born overseas, a copy of passport and visa, or citizenship certificate must be provided		
You may also wish to provide a letter of support from ongoing service provider or referral worker		
Previous Schooling Verification & Risk Assessment		

OFFICE USE ONLY	
Student name	
Date received	
Campus	
Year level	
Requested documents	
Signed	