

# DET Data Collection Form

Information required for assessment, reporting and funding purposes

To be completed for the eldest child per family

\*\*\* PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL **BY FRIDAY 26th JUNE 2020.**  
THANK YOU FOR COMPLETING THIS FORM \*\*\*

## SECTION 1 – STUDENT/S DETAILS

Year Level:

Surname:

First Name:

Second Name:

Birth Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd-mm-yyyy)

Sex:

☐

Female

☐

Male

Address:

Suburb:

State:

Postcode:

List any other family members attending this school?

STUDENT NAME:

YR LEVEL:

STUDENT NAME:

YR LEVEL:

STUDENT NAME:

YR LEVEL:

## SECTION 2 – STUDENT DETAILS

Is the student of Aboriginal or Torres Strait Islander origin?

Mark one box only

☐

No

☐

Yes, Aboriginal

☐

Yes, Torres Strait Islander

☐

Yes, Both Aboriginal and Torres Strait Islander

In which country was the student born?

Mark one box only

☐

Australia

☐

New Zealand

☐

England

☐

India

☐

China

☐

Philippines

☐

South Africa

☐

Sri Lanka

☐

Sudan

☐

United States of America

☐

Other – please specify .....

Does the student speak a language other than English at home?

If more than one language, indicate one that is spoken most often

☐

No, English only

☐

Yes, Arabic

☐

Yes, Cantonese

☐

Yes, Greek

☐

Yes, Hindi

☐

Yes, Italian

☐

Yes, Macedonian

☐

Yes, Mandarin

☐

Yes, Sinhalese

☐

Yes, Spanish

☐

Yes, Turkish

☐

Yes, Vietnamese

☐

Other – please specify .....

Please Turn Over...

## SECTION 3 – PRIMARY FAMILY DETAILS

### ADULT A

MOTHER / PARENT 1 / GUARDIAN 1

Title: ☐ Ms ☐ Mrs ☐ Mr ☐ Dr Other: .....

Surname:

First Name:

Sex: ☐ Female ☐ Male

### ADULT B

FATHER / PARENT 2 / GUARDIAN 2

Title: ☐ Ms ☐ Mrs ☐ Mr ☐ Dr Other: .....

Surname:

First Name:

Sex: ☐ Female ☐ Male

**What is the highest year of secondary school that parents/guardians have completed?**

*For persons who have never attended school, mark "not applicable"*

ADULT A	ADULT B	
<input type="checkbox"/>	<input type="checkbox"/>	Year 12 or equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Year 11 or equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Year 10 or equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Year 9 or equivalent or below
<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

**What is the level of the highest qualification parents/guardians have completed?**

*Mark one box only in each column*

ADULT A	ADULT B	
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or above
<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	Certificate I to IV
<input type="checkbox"/>	<input type="checkbox"/>	Trade Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

**What is the current employment status?**

*Mark one box only in each column*

ADULT A	ADULT B	
<input type="checkbox"/>	<input type="checkbox"/>	Full time Employed
<input type="checkbox"/>	<input type="checkbox"/>	Part Time Employed
<input type="checkbox"/>	<input type="checkbox"/>	Employer
<input type="checkbox"/>	<input type="checkbox"/>	Self Employed (not employing others)
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed (seeking full time work)
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed (seeking part time work)
<input type="checkbox"/>	<input type="checkbox"/>	Not Employed (not seeking employment)

*If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months. Please use the person's last occupation*

Name Parent /Guardian ...../.../2020  
(Please print)

Signature Parent /Guardian .....

**What is the occupation of parents/guardian?**

### ADULT A

MOTHER / PARENT 1 / GUARDIAN

Occupation Description: eg. Accountant, Doctor, Plumber

**What is the occupation group of Adult A?**  
*(Refer below) If the person has not been in paid work in the last 12 months, enter N*

### ADULT B

FATHER / PARENT 2 / GUARDIAN 2

Occupation Description: eg. Accountant, Doctor, Plumber

**What is the occupation code of Adult B?**  
*(Refer below) If the person has not been in paid work in the last 12 months, enter N*

Code	Description	Examples		
A	Senior management in large business organisation, government administration and defence, and qualified professionals	General Manager	Accountant	Business Analyst
		Architect	Registered Nurse	Pilot
		Teacher		Librarian
B	Other business managers, arts/media/sportsperson and associate professionals	Police Officer	Bank Manager	Office Manager
		Farmers	Photographer	Credit & Loans Officer
		Shop Manager	Chef	Singer/Actor
C	Tradesmen/women, clerks and skilled office, sales and service staff	Childcare worker	Bookkeeper	Plumber
		Electrician	Personal Assistant	Florist
		Hairdresser	Painter	Fire Fighter
D	Machine Operators, hospitality staff, assistants, labourers and related workers	Shearer	Receptionist	Forklift Driver
		General Gardener	Education Aides	Truck/Taxi Driver
N	Not in paid work in last 12 months	Unemployed	House Duties	Stay at home parent
U	Not stated or unknown	Left Blank		

