

# 2020 DET Data Collection Form

*Information required for assessment and reporting purposes*

*To be completed for the eldest child per family*

**Please complete and return to the school no later than Friday 19<sup>th</sup> June 2020**

SECTION 1 – STUDENT DETAILS	
Student ID: <input style="width: 90%;" type="text"/>	Year Level: <input style="width: 90%;" type="text"/>
Surname: <input style="width: 98%;" type="text"/>	
First Name: <input style="width: 45%;" type="text"/>	Second Name: <input style="width: 45%;" type="text"/>
Birth Date: ____ / ____ / ____ (dd-mm-yyyy)      Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address: <input style="width: 98%;" type="text"/>	
Suburb: <input style="width: 30%;" type="text"/>	State: <input style="width: 10%;" type="text"/>
Postcode: <input style="width: 15%;" type="text"/>	
List any other family members attending this school?	
STUDENT NAME: _____ YR LEVEL: _____	
STUDENT NAME: _____ YR LEVEL: _____	
STUDENT NAME: _____ YR LEVEL: _____	

SECTION 2 – STUDENT DETAILS	
<p><b>Is the student of Aboriginal or Torres Strait Islander origin?</b>  <i>Mark one box only</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, Aboriginal  <input type="checkbox"/> Yes, Torres Strait Islander  <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander                 </p> <p><b>In which country was the student born?</b>  <i>Mark one box only</i></p> <p> <input type="checkbox"/> Australia  <input type="checkbox"/> New Zealand  <input type="checkbox"/> England  <input type="checkbox"/> India  <input type="checkbox"/> China  <input type="checkbox"/> Philippines  <input type="checkbox"/> South Africa  <input type="checkbox"/> Sri Lanka  <input type="checkbox"/> Sudan  <input type="checkbox"/> United States of America  <input type="checkbox"/> Other – please specify .....                 </p>	<p><b>Does the student speak a language other than English at home?</b>  <i>If more than one language, indicate one that is spoken most often</i></p> <p> <input type="checkbox"/> No, English only  <input type="checkbox"/> Yes, Arabic  <input type="checkbox"/> Yes, Cantonese  <input type="checkbox"/> Yes, Greek  <input type="checkbox"/> Yes, Hindi  <input type="checkbox"/> Yes, Italian  <input type="checkbox"/> Yes, Macedonian  <input type="checkbox"/> Yes, Mandarin  <input type="checkbox"/> Yes, Sinhalese  <input type="checkbox"/> Yes, Spanish  <input type="checkbox"/> Yes, Turkish  <input type="checkbox"/> Yes, Vietnamese  <input type="checkbox"/> Other – please specify .....                 </p>

**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 primary or 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 ...../.../20...  
(Please print)

Signature Parent /Guardian X .....

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

**ADULT A**  
MOTHER / PARENT 1 / GUARDIAN

Occupation Description:

What is the occupation group of Adult A?  
*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:

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

**\*\*\* PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL. THANK YOU FOR COMPLETING THIS FORM \*\*\***

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