



Student Name : \_\_\_\_\_  
 Student Number (SCSA) \_\_\_\_\_  
 Student Email: \_\_\_\_\_  
 Student Mobile: \_\_\_\_\_

USI: Unique Student Identifier										
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**To complete application:**

- Have a USI ( a Unique Student Identifier ), to apply go to [www.usi.gov.au](http://www.usi.gov.au)
- Know your Student Number (SCSA), this is your 8-digit student number found on your school report.
- Complete the VETDSS Entry Assessment for Certificate III in Allied Health Assistance. This is a two page (6 questions) task.
- Complete the 2024 Permission form and checklist
- Complete Health and Parental Consent
- Complete Talent Release
- School Report – only attach if NOT a GSHS student – the school will access a digital copy of your report
  
- Understand the Selection Criteria with regard to the **VETDSS Entry Assessment** as outlined below:
  - VETDSS Entry Assessment will be ranked and students offered an interview based on their VETDSS Entry Assessment meeting the required standard
  - Students successfully completing VETDSS Entry Assessment requirements will then be offered a panel interview with a Nursing lecturer, an industry member and a TAFE representative
  - After interviews students will be ranked based on their performance within the interview with the best performing students being offered a position in the course
  
- School approval will be based on
  - Commitment to school program:
  - Acceptable school behaviour
  - Regular attendance (90% +) (Include a letter to explain if attendance is lower for acceptable reasons))
  - Adherence to school dress code

**Application checklist:**

**Please check that all the following documents are submitted with this coversheet**

School Report	2024 Permission form	Health form	Talent Release	Assessment questions
N/A if GSHS	YES/NO	YES/NO	YES/NO	YES/NO

Other supporting documents may be included if you think they are relevant to your application.

Submit the Application forms and the questions by **3:00pm, Wednesday 23 August 2023.**

Hazel Snell Program Coordinator Senior School Operations [hazel.snell@education.wa.edu.au](mailto:hazel.snell@education.wa.edu.au)



**PERMISSION FORM & CHECKLIST**  
**2024 Vocational Education and Training**  
**Delivered to Secondary Students**  
**(VETDSS & PAIS) Programs**

STUDENT INFORMATION	
Full Name:	
Qualification	

STUDENT AGREEMENT	
I certify that the above information is true and correct, that I understand the requirements and I am prepared to participate in this program if selected.	
Student Signature:	Date:

PARENT / GUARDIAN PERMISSION	
As Parent/Guardian of _____ I understand the requirements of this VETDSS / PAIS program and give permission for my son/daughter to participate.	
Signature:	Date:
Parent / Guardian Full Name	

SCHOOL DETAILS	
Current school in 2023	
School Name:	
VET Coordinator's Name:	
School in 2022 <i>(leave blank if it is the same as above)</i>	
School Name:	
VET Coordinator's Name:	

SCHOOL REFERENCE	
<i>(To be completed by the Principal, Deputy Principal or VET Coordinator)</i>	
We support this application and endorse the student as meeting the academic requirements of the program	
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with Reservation <input type="checkbox"/>	
Please provide comments in regarding the School's support or otherwise of this application:	
<hr/> <hr/>	
School Signature:	Date:

REQUIRED SUPPORTING DOCUMENTS	
Please check the following documents have been uploaded to portal.	
<input type="checkbox"/> School Report <input type="checkbox"/> Application Letter <input type="checkbox"/> Health Care Info <input type="checkbox"/> Talent Release	



## Health Care Information and Parent/Guardian Consent Form (CF003F2)

<b>Student Surname:</b>			
<b>Student First Name:</b>		<b>Date of Birth:</b>	
<b>CR TAFE Student ID No:</b>		<b>Gender:</b>	

### Health Care Information

Information will be treated confidentially and provided to staff as required, including those staff organising excursions, and employers of students attending industry placement.

<b>Emergency Contact Person Name:</b>							
<b>Home Ph:</b>		<b>Work Ph:</b>		<b>Mob:</b>			
<b>Emergency Contact Person Name:</b>							
<b>Home Ph:</b>		<b>Work Ph:</b>		<b>Mob:</b>			
<p>Please list any medical condition that the staff at Central Regional TAFE should be aware of so, that we can assist you if needed. For example diabetes, severe allergy, pregnancy, physical impairment etc.:</p> <p>_____</p> <p>_____</p>							
_____				_____			
<b>Student Signature</b>				<b>Date</b>			
<p><b>Please note:</b> Students are advised that should they have an accident whilst on campus and the attending CRT Senior First Aid Officer considers it necessary to call an ambulance, due to their injured or unconscious state, the student will be responsible for all costs associated with the calling of the ambulance.</p> <p>Students, or where the student is under 18 years of age their parent / guardian, are required to inform the College of any medical information changes throughout the course of their enrolment.</p>							

### Students Under 18 Years of Age - Parental Consent to Enrol

<p>As the parent / guardian of the above named student I acknowledge that I have read and understood the attached letter titled "Important Information Concerning Students Under 18 Years of Age" and I consent to the above named student undertaking study at Central Regional TAFE.</p>		
_____	_____	_____
<b>Name</b>	<b>Parent / Guardian Signature</b>	<b>Date</b>
<p><b>Please note:</b> If your child has a medical condition please ensure you contact the Manager Client Services on 9956 2780 to discuss the management of this medical condition.</p> <p>It is your responsibility to inform the College if your child's medical information changes throughout the course of their enrolment. In the event of an emergency every effort will be made by the College to contact a parent or guardian.</p>		

**Please return this form to:**

**Student Administration  
Central Regional TAFE  
LMB 103  
GERALDTON WA 6531**



## TALENT RELEASE (MK002F1)

Central Regional TAFE and the Government of Western Australia seek your consent before using and disclosing images or recordings of you.

**I give permission** for Central Regional TAFE and the Government of Western Australia to publish written and verbal quotes, photographs, video or audio in which I am depicted for the purposes of promotion and communication in a range of materials, including, but not limited to social media, websites, publications, press stories, banners, brochures and other promotional material.

Name			
Email		Phone	
Signature		Date	

**If aged under 18, then your parent or guardian must complete the section below.**

Parent/guardian name			
Email		Phone	
Signature		Date	

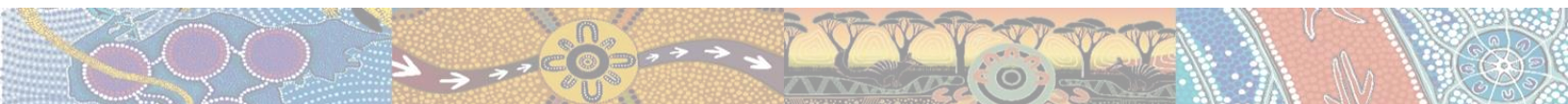
Exclude name:  (check box to exclude use of your name)

You can withdraw your consent by providing written notice to [marketing@cratafe.wa.edu.au](mailto:marketing@cratafe.wa.edu.au). Once withdrawn, no new publications will be released in which you are reasonably identifiable.

### OFFICE USE ONLY

Project title		Add thumbnail image here if applicable.
Brief description of image/ recording		
Location & date		
Liaising staff		

Note: Staff must immediately notify any collaborating Government agencies if consent is withdrawn.





## Certificate III in Allied Health Assistance

### VETDSS Entry Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Please respond the following questions in as much detail as possible. Please use sentences and paragraphs in your answers rather than dot points. You may attach extra pages if you need more space for your answers.

1. What do you believe are the key responsibilities of an allied health assistant, and how do you see yourself fulfilling those duties?

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2. Are there any personal qualities or skills you possess that you think will make you an effective allied health assistant?

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3. How do you think you will handle challenging situations and stress in a healthcare setting

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4. What specific allied health field or specialty are you most interested in, and why does it appeal to you?

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5. Can you provide an example of a time when you worked as part of a team, and what did you learn from that experience?

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6. How do you handle working with diverse patient populations, including those with different cultural backgrounds or varying health conditions?

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