



2024 PAIS/TAFE Link Application Process ROUND 1

(For all courses except Cert IV Preparation for Nursing or Health Program)

Student Name : _____

VETDSS TAFE Program _____

USI: Unique Student Identifier										
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Student Number (SCSA) _____

Student Email: _____

Student Mobile: _____

NOTES:

- To complete student application you will need:
 - a Unique Student Identifier USI, to apply go to www.usi.gov.au
 - a Student Number, this is your 8-digit student number found on your school report.
- **Write a cover letter** - An outline of how to structure your letter is on the reverse side of this page.
- **Complete 2024 Permission form and checklist**
- **Complete Health and Parental Consent**
- **Complete Media Release**
- **School Report – only attach if NOT a GSHS student – the school will access a digital copy**
- PAIS/TAFE -Link students will be selected on the following criteria:
 - **Commitment to school program**
 - Completion of schoolwork to the best of your ability
 - Feedback on Semester 1 Report
 - Acceptable school behaviour
 - Regular attendance (90% +)
 - If you have reason such as injury or sickness to why you have not attained 90% attendance at school please advise either in letter or write reason on application form.
 - Adherence to school dress code
 - **Demonstrated career goals and interest in an industry area**
 - **Knowledge of PAIS/TAFE link program**
 - **Support and commitment of parents**

Application checklist:

Please check that all the following documents are attached or listed above:

School Report	2024 Permission form and Checklist	Health and Parental Consent	Media Release	letter
N/A if GSHS student	YES/NO	YES/NO	YES/NO	YES/NO

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

Hazel Snell
Program Coordinator Senior School Operations

Letter template

Your Name
Street Address
Suburb
State, Postcode

Ms Hazel Snell
Program Coordinator Senior School Operations
Geraldton Senior High School
PMB 10100
Geraldton WA 6531

Dear Ms Snell

RE: (Insert Certificate title eg Certificate III Business)

I am writing to apply for the VETDSS program <insert certificate title> at Central Regional TAFE in 2024. Write a paragraph on why you want to be part of the program and your knowledge of how the program runs at TAFE and at school.

A paragraph on your career goals and your knowledge of the industry area in which you would like to undertake training. (Hint read the description in the VETDSS guide, do some research on My Future).

A paragraph describing your personal attributes and skills – why would you be a good fit for this program.

Yours sincerely

Your Signature

Date



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)

Student Surname:			
Student First Name:		Date of Birth:	
CR TAFE Student ID No:		Gender:	

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.

Emergency Contact Person Name:							
Home Ph:		Work Ph:		Mob:			
Emergency Contact Person Name:							
Home Ph:		Work Ph:		Mob:			
<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>							
_____				_____			
Student Signature				Date			
<p>Please note: 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>		
_____	_____	_____
Name	Parent / Guardian Signature	Date
<p>Please note: 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	

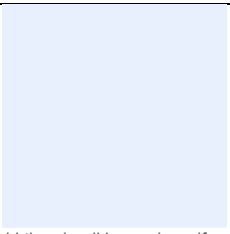
If aged under 18, then your parent or guardian must complete the section below.

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. Once withdrawn, no new publications will be released in which you are reasonably identifiable.

OFFICE USE ONLY

Project title		
Brief description of image/ recording		
Location & date		
Liaising staff		

Add thumbnail image here if applicable.

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

