

# VET Delivered to Secondary Students - Nursing Program Application Process

☐ 52831WA Cert IV in Preparation for Health &
Nursing Studies (2 days) Year 12 students only
□ 52831WA Cert IV in Preparation for Health &
Nursing Studies (1 day) Year 11 students only

To be considered for a VETDSS – Certificate IV Preparation for Health & Nursing Studies Program you are required to:

- To complete a student application form you will need:
  - a Unique Student Identifier USI, to apply go to www.usi.gov.au
  - a SCSA Number, this is your 8-digit student number found on your school report.
  - Complete the VETDSS Entry Assessment for Certificate IV in Preparation for Nursing Education. This is a four page (8 questions) task.
  - Submit the application form, questions and a copy of your most recent school report to Ms Snell
    in the Career and Vocational Education office in Student Services by 3:10pm, Friday 21 August
    2020.
  - 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

### Please note:

· Late applications will not be accepted

#### Commitment to school program:

- Regular completion of schoolwork to the best of your ability
- 'C' grade in English, Maths and Science in Semester 1, Year 10
- Acceptable school behaviour
- Regular attendance (90% +)
- · Adherence to college dress code

### Application checklist:

I have included my:☐ USI	☐ application form	☐ VETDSS assessment	school report
Return to:			

Hazel Snell
Manager Career and Vocational Education
Geraldton Senior High School
Email: hazel.snell@education.wa.edu.au

Eman. nazer.snen@euucation.wa.euu.au

Phone: 9965 8400





# **APPLICATION & PERMISSION FORM** 2021 Vocational Education and Training Delivered to Secondary Students (VETDSS) Programs Please select one of the following programs

please indicate which pr	ogram you wish to	apply for:				
Nursing Studies (2 days) Year 12 students only  52831WA Cert IV in Preparation for Health & Nursing Studies (1 day) Year 11 students only  CHC30113 Cert III in Early Childhood Education and Care (2 days)  BSB30115 Cert III in Business (1 day)  SIT30516 Cert III in Events (1 day)  ICT30118 Cert III in Information, Digital Media & Tech (1 day)  CUA31015 Cert III in Screen & Media (1 day)  CUA31115 Cert III in Visual Arts (1 day)  MSL30118 Cert III in Laboratory Skills (1 day)			cys Tro c22015 A20117 A20217 0119 C 0219 C 20216 C 0116 C 0116 C 0115 C C21416	des (2 days) Cert II in Comm Cert II in Anima Cert II in Horse (Cert II in Aquaculicert II in Fishing OCert II in Fospitalitert II in Tourism (Cert II in Sport and Cert II in Horticu	Care (1 day ture (1 day) perations (1 day) ssistant (1 day) y (1 day) 1 day) d Recreation (1 day)	
STUDENT INFORMATION	l				_	
Full Name:						
Email:						
Address:				,		
Suburb:		State:		Post Co	ode:	
Phone:		Mobile:				
			20	21 School		
Date of Birth:				Year:		
USI:			SCSA	A Number:		
PARENT / GUARDIAN CON	STACT DETAILS					
Full Name:	VIACI DEIAILS					
Email:						
Address:						
	State: Post Code:					
Contact Details:	Work Phone: Mobile:					

PARENT / GUARDIAN PERMISS	SION		
As Parent/Guardian of program and give permission	I understand the req n for my son/daughter to participate.	uirements of th	nis VETDSS
Signature:		Date:	
STUDENT AGREEMENT			
I certify that the above informam prepared to participate	mation is true and correct, that I underst in this program if selected.	tand the requir	rements and I
Student Signature:		Date:	
SCHOOL DETAILS			
Current school in 2020			
School Name:		Phone No:	
VET Coordinator's Name:		Phone No:	
School in 2021 (leave blank if i	it is the same as above)		
School Name:		Phone No:	
VET Coordinator's Name:		Phone No:	
	ncipal, Deputy Principal or VET Coording and endorse the student as meeting the		quirements of the
Yes 🗆	I No □ Yes with	Reservation	
Please provide comments in	regarding the Schools support or other	wise of this app	olication:
School Signature:		Date:	
Please attach a copy (no ori like to do the specific progra	iginals) of your latest school report and (	a letter explair	ning why you would
You may include any other in references.	nformation you think necessary to suppo	ort your applic	ation, such as
Yes Report attached:	Yes □ <b>Letter attached:</b> Yes □	Other attach	ments Yes □



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

Student Surname:				
Student First Name:			Date of Birth:	
CR TAFE Student ID No:			Gender:	
		h Care Informatio		
Information will be treated cont of students attending industry p		taff as required, includ	ding those staff or	ganising excursions, and employers
Emergency Contact Person I	Name:			
Home Ph:	Work Ph:		Mob:	
Emergency Contact Person I	Name:			
Home Ph:	Work Ph:		Mob:	
Please list any medical conditions For example diabetes, severe			l be aware of so, the	nat we can assist you if needed.
Student Signature	Dat	e		
	e, due to their injured or un			Senior First Aid Officer considers it onsible for all costs associated
Students, or where the student information changes throughou			are required to inf	form the College of any medical
St	udents Under 18 Yea	rs of Age - Parent	tal Consent to	<u>Enrol</u>
As the parent / guardian of the "Important Information Concern Central Regional TAFE.				ood the attached letter titled named student undertaking study at
Name	Parent / Gua	ardian Signature		Date
Please note: If your child has the management of this medical		ensure you contact th	ne Manager Client	Services on 9956 2780 to discuss
	- ·			it the course of their enrolment.
In the event of an emergency of	every effort will be made by	the College to contac	t a parent or guard	dian.
Please return this form		Administration Regional TAFE		

**LMB 103** 

**GERALDTON WA 6531** 

Authorised by: Director Training

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Issue: 08

Date last reviewed: 13 January 2016





# **Certificate IV Preparation for Health & Nursing Studies**

### **VETDSS Entry Assessment**

Name:	:	Date:	School:	
and pa		ers rather than do	nuch detail as possible. P t points. You may attach	
1.			s are special individuals. W ndidates who want to be n	
2.	What issues do you thin	ık could impact on	nurses in the course of the	ir work?





improve ac	ess to health se	rvices for cou	intry people?			
•	year old woma	•	-			•
kilometres to travel to may face w	year old woman from Perth. She l Perth immediate nich could affect the be assisted to	nas recently bely to comme her ability to	peen diagnos nce treatmen take up trea	ed with cance nt. What socia	r and has bee I issues do yo	n advis u think
kilometres to travel to may face w	rom Perth. She l Perth immediate nich could affect	nas recently bely to comme her ability to	peen diagnos nce treatmen take up trea	ed with cance nt. What socia	r and has bee I issues do yo	n advis u think
kilometres to travel to may face w	rom Perth. She l Perth immediate nich could affect	nas recently bely to comme her ability to	peen diagnos nce treatmen take up trea	ed with cance nt. What socia	r and has bee I issues do yo	n advis u think
kilometres to travel to may face w	rom Perth. She l Perth immediate nich could affect	nas recently bely to comme her ability to	peen diagnos nce treatmen take up trea	ed with cance nt. What socia	r and has bee I issues do yo	n advis u think
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kilometres to travel to may face w	rom Perth. She l Perth immediate nich could affect	nas recently bely to comme her ability to	peen diagnos nce treatmen take up trea	ed with cance nt. What socia	r and has bee I issues do yo	n advis u think
kilometres to travel to may face w	rom Perth. She l Perth immediate nich could affect	nas recently bely to comme her ability to	peen diagnos nce treatmen take up trea	ed with cance nt. What socia	r and has bee I issues do yo	n advis u think





It is becoming increasingly difficult to get nurses to work in aged care homes, yet this is an area where good nursing care is essential. Why should the nursing profession address this problem?
Name some of the specialty areas where nurses work.





Describe some of the duties nurses perform in their work.
y <del></del>
, <del></del>
What personal attributes do you have that will assist you in a nursing career?
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