



2022 (V2 updated 10/8)
VETDSS
- Nursing Program

- 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**

Name: _____

USI _____

Student number (SCSA): _____

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, Wednesday 25 August 2021.
- 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

Commitment to school program:

- **Year 10 requirement 'C' grade in English, Maths and Science in Semester 1,**
- **Year 11 English and Math General C grades, OLNA results**
- 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 all the following documents are attached or listed:

School Report	2022 Permission form and Checklist	Health and Parental Consent	Media Release	Assessment questions
YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Return by 3pm August 25th 2021:

(If leaving at Front Office Please make sure it is labelled for my attention.)

Attention: Hazel Snell

Program Coordinator Senior School Operations

Geraldton Senior High School

Email: hazel.snell@education.wa.edu.au

Phone: 9965 8400



PERMISSION FORM & CHECKLIST
2022 Vocational Education and Training
Delivered to Secondary Students
(VETDSS) 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 2021	
School Name:	
VET Coordinator's Name:	
School in 2022 (leave blank if it is the same as above)	
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	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with Reservation	
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	



RELEASE OF COPYRIGHT / TALENT FORM (MK002F1)

Project Title: Central Regional TAFE VETDSS			
Liaising Staff Member	ALISON NOBLE	Date	

Please Complete			
Student/Subject Name:			
Address:			
Town / Suburb:		Postcode:	
Phone:	T:	M:	
Email Address:			

Item/s (please tick) & fill in details:

- | | |
|---|---|
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Computer files |
| <input type="checkbox"/> Videotape of me | <input type="checkbox"/> Artwork |
| <input type="checkbox"/> Recording of my voice | <input type="checkbox"/> Written work |
| <input type="checkbox"/> Musical performance | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Written extraction of video or audio recording | |

I hereby consent for Central Regional TAFE to take, use, reproduce, copy, exhibit or distribute (in full or in part) the item/s selected above, for illustration, broadcast, marketing or distribution purposes, without being contacted again.

Student/Subject Signature:		Date:	
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NOTE – If you are under 18 then your parent or guardian needs to sign below:

Parent / Guardian Signature:		Date:	
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Option to ‘Opt Out’ – please advise in writing to alison.noble@crtafe.wa.edu.au at any time if you would like to ‘Opt Out’ for Central Regional TAFE to use the item/s selected above for any purpose whatsoever.

Please forward completed form to the Marketing section at relevant campus for registering purposes.

