



2022 PAIS/TAFE Link Application Process

(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 personal letter** An outline of how to structure your letter is on the reverse side of this page.
- It is also a good idea to include any other documents you think might help your application, eg work placement reports, if you have a part time job a reference from your Employer or copies of any relevant awards.
- 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	2022 Permission form and Checklist	Health and Parental Consent	Media Release	letter
YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

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

Submit 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

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

A paragraph on why you want to be part of the PAIS/TAFE-Link Program and your knowledge of this program.

A paragraph on your career goals and your knowledge of the industry area in which you would like to undertake training.

A paragraph describing your skills and qualities and why you would be an asset to any potential employer.

Yours sincerely

Your Signature

Date



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	
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:	
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.