

EXPRESSION OF INTEREST

Please complete the following form and send it through to info@healthsciencehub.com.au

Applying for:

- Cert III in Health Services Assistance - Online
- Cert III in Health Services Assistance - Classroom
- Health Pathway Program -
Cert III in Health Services Assistance &
Cert IV in Preparation for Health & Nursing Studies - 2 Year

Student Details

First Name:

Surname:

Date of Birth:

Address:

Phone Number:

School:

Email:

Criteria (please tick if you can confirm):

- Have you got access to a laptop/tablet and internet at home?
- School report attached showing min C grade in year 10 English
- Evidence of NAPLAN/ OLN attached
- I understand that I am required to put in additional time each week study time during this course
- I am happy for the RTO to share my results and certificate with my school VET Coordinator

Parent Details

First Name:

Surname:

Email Address:

Phone Number:

Parent Signature:

I Understand the following:

Students are required to put in 1-3 hours a week study time during this course

Do you give permission for photos of your child to be used in social media posts?

Student Support:

Are there any health or literacy support that this student will need whilst studying with us?
Please provide info on any physical, mental, emotional, language, literacy, or numeracy support required.

VET Coordinator Details:

Name:

Email:

