



STUDENT APPLICATION School Based Traineeship Program 2026 – 2027/ Year 11 – Year 12

August PERSONAL DETAILS

FIRST NAME		LAST NAME		D.O.B	
ADDRESS					
PHONE		SCHOOL EMAIL			
HOME EMAIL					

PARENT / GUARDIAN INFORMATION

FIRST NAME		LAST NAME			
PHONE		EMAIL			
RELATIONSHIP	PARENT <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	OTHER (detail) <input type="checkbox"/>		

SCHOOLING INFORMATION

SCHOOL		YEAR		BOARDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VET CONTACT		VET EMAIL				
CLO		CLO EMAIL				

ARE YOU CURRENTLY COMPLETING A CERT II OR CERT III AT SCHOOL OR ANOTHER TRAINING ORGANISATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE DETAIL:		
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<hr/>		

HAVE YOU PREVIOUSLY ACCESSED VETIS FUNDING FOR ANOTHER COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE ANY LARGE SCHOOL OR SPORTING COMMITMENTS IN 2026/2027 THAT COULD IMPACT ATTENDANCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE DETAIL:		
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DO YOU HAVE ACCESS TO YOUR OWN WIFI CAPABLE DEVICE, TO BRING TO TRAINING EACH WEEK? (LAPTOP, IPAD, CHROMEBOOK)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SCHOOL DOCUMENTS REQUIRED

SCHOOL ID CARD*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MOST RECENT SCHOOL REPORT and LETTER OF SUPPORT FROM SCHOOL*	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\*To progress with your application, you will need to provide these documents. Failure to supply these could delay your application being assessed.



School-based Traineeship – Ipswich Facilities



Queensland Government

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VACCINATION REQUIREMENTS

As part of your traineeship, you will be required to work in a Hospital Health Service. You will be a paid employee; therefore, you need to meet the QLD Health Vaccination requirements.

\*last update on the health.qld.gov.au website 20/04/2023 advises Before you can start working for us, you may need to be vaccinated against certain diseases. For more information / updates - https://www.health.qld.gov.au/employment/work-for-us/apply-for-a-job/pre-employment/vaccines/conditions

IMMUNISATION RECORD / VACCINATION CERTIFICATE \* YES [ ] NO [ ]

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DIVERSITY QUESTIONS

CULTURAL IDENTITY ABORIGINAL [ ] TORRES STRAIT ISLANDER [ ] ABORIGINAL & TORRES STRAIT ISLANDER [ ]
HOME COMMUNITY

DO YOU HAVE ANY DISABILITIES, IMPAIRMENTS OR LONG-TERM CONDITIONS THAT COULD IMPACT YOUR ABILITY TO COMPLETE THIS TRAINEESHIP?
Throughout your training and placement, you will need to participate in activities that require physical movement including but not limited to; bending, lifting, standing for long periods of time. You will also need to read, write, and interpret some course material.

DISABILITIES NO [ ] YES [ ] (If yes, please provide details)

MEDICAL CONDITIONS NO [ ] YES [ ] (Please provide Details)

CAREER PROFILE

INTERESTED ROLES Nursing Assistant [ ] Pharmacy Assistant [ ] Physiotherapy Assistant [ ] Administration [ ] Occupational Therapist [ ] Patient Support [ ]

HAS A FAMILY MEMBER PREVIOUSLY OR CURRENTLY WORKED IN A HOSPITAL OR HEALTH SERVICE YES [ ] NO [ ]
IF YES, WHAT WAS THEIR NAME?

IN A FEW SENTENCES, PLEASE TELL US WHY YOU WANT TO BE CONSIDERED FOR THE SCHOOL-BASED TRAINEESHIP PROGRAM



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WHAT ARE YOUR PLANS AFTER LEAVING SCHOOL? (EMPLOYMENT, STUDY, Etc.)

ARE YOU CURRENTLY EMPLOYED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES PLEASE ADVISE WORKPLACE AND JOB TITLE:		

COMMITMENT DECLARATION			
<p>I understand that if my application is successful and I accept an offer into the program, upon enrolling into the school-based traineeship, I am confirming that I will be employed by West Moreton Health as a school-based trainee, and I can travel to the nominated Registered Training Organization located when required, Health hub days will be a mix of in person session online session to complete my workplace hours.</p> <p>Where I have a valid reason to be away from training, I will provide notice and put a plan to catchup on missing course work promptly. I will also notify my trainer and/ or supervisor of any changes in circumstances that may affect my completion of the required training. I understand that there is a combination of on-the-job learning, classroom, and online delivery as well as block training, I am aware that this may fall over the school holiday periods. I understand that I will be required to undertake 375 hours of paid employment working one day per week, at Ipswich/ Ripley Hospital over 12 months September 2026 – September 2027.</p>			
FULL NAME			
SIGNATURE		DATE	

This application is not confirmation that you have been accepted into the School Based Traineeship. You will be notified of the outcome of this application by August 2026. We wish you all the best on your education Journey.