

RE-DO/RE-ASSESSMENT/CATCH-UP UNIT Authorisation Form for Certificate III in Dental Assisting (HLT35015)
Class Number _____

Student
Number _____

Student Name: _____

	Cert III in Dental Assisting		What you have to do? REDO-WT,PRAC (mention details below)	DETAILS					
				Date	Group	Trainer	Office use only		
							Cost	Payment details	Authorised by
	Example	Example	REDO	1/Mar+2/Mar	19B	Reno	\$200	Paid on 1/2/2009	Jessie
1	CHCCOM005	Communicate and work in health or community services							
2	CHCDIV001	Work with diverse people							
3	HLTINF001	Comply with infection prevention and control policies and procedures							
4	HLTINF002	Process reusable medical devices and equipment							
5	HLTWHS001	Participate in workplace health and safety							
6	HLTDEN001	Prepare for and assist with oral health care procedures							
7	HLTDEN002	Assist with dental radiography							
8	HLTDEN003	Assist with administration in dental practice							
9	BSBFLM303	Contribute to effective workplace relationships							
10	BSBWOR203	Work effectively with others							
11	HLTAID003	Provide first aid							

Authorisation form is only valid with Menzies stamp & Staff signature.

****This form should be given to the teacher on the day of the class****

*Students must check the timetable to ensure that they know which location, classroom and trainer they have for each unit

*If a student fails to attend a redo or reassessment without a valid reason, they are required to pay for them again.