

RE-DO/RE-ASSESSMENT/CATCH-UP UNIT Authorisation Form for Certificate III in Dental Assisting (HLT35021)

Student Name: _____

Class Number: _____

Student Number: _____

			What you have to do?	DETAILS					
Cert III in Dental Assisting			REDO, WT, PRAC, (mention details below)	Date	Group	Trainer	Office use only		
Unit Code	Unit Name	Cost					Payment details	Authorised by	
Example	Example	REDO					1 Mar + 2 Mar	19B	Reno
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	HLTDEN015	Prepare for and assist with dental procedures							
7	HLTDEN016	Assist with dental radiography							
8	HLTDEN017	Assist with administration in dental practice							
9	HLTDET005	Construct thermoformed bases and appliances							
10	HLTAID011	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.