

# **iSmile DENTAL ASSISTING COURSES** GAIN SKILLS FOR A CAREER IN THE DENTAL INDUSTRY











Bila Muuji Aboriginal Health Service Incorporated

## APPLY NOW FOR THE iSmile DENTAL ASSISTING TRAINING PROGRAMME

#### 2015 applications now being accepted

TAFE Western is again running the iSmile Dental assistant program in partnership with:

The Australian Government, Western NSW Local Health District, Bila Muuji, Aboriginal Health Services Inc and Charles Sturt University.

The iSmile programme provides Aboriginal students with; a pathway to either a career in oral health or other areas in the health industry; or entry into degree-based courses at university such as oral health therapy and dentistry.

What: Certificate II Introduction to iSmile and Certificate III Dental Assisting

When: Starts semester one 2015

For more information call 1300 823 393

This project is supported by the Australian Government Department of Education, Employment and Workplace Relations through the Regional Education, Skills and Jobs Initiative

www.wit.tafensw.edu.au



### **ABOUT THE iSmile INTRODUCTION PROGRAMME**

The introductory programme will allow students to develop a range of skills in the classroom as well as gaining work experience in the health/dental industry. The introduction programme includes:

- Certificate II Skills for Work and Training in the Community Services Sector.
- iSmile student code of conduct.
- Block and flexible delivery.
- Work placement within the health/dental industry.
- Skills development in workplace industry concepts, information technology responsibilities and health.
- Learning support and mentoring will be available.
- Funding support for travel and accommodation for eligible students.
- Supported progression into the Certificate III Dental Assisting course.

#### **iSmile SELECTION CRITERIA**

Students must:

- Be an Aboriginal and/or Torres Strait Islander person.
- Have a strong interest in working in the health industry.
- Agree to have all required vaccinations.
- Agree to undertake Literacy and Numeracy screen.
- Undertake a Criminal Record check and a Working with Children Check.

#### **HOW TO APPLY**

Complete this form then:

- Send application to tafeismile@det.nsw.edu.au or post to iSmile, PO Box 1059, Orange NSW 2800 or drop the completed application into your local college.
- Complete the application form with all necessary information.
- Call to find out more information on 1300 823 393.



| 2015 iSmile Application Form                           |                   |                                   | Date:                |                     |
|--|-------------------|-----------------------------------|----------------------|---------------------|
| Applicant details:                                     |                   |                                   |                      |                     |
| Aboriginal   | Torres Strait Isl | lander                            | Aboriginal/Tor       | res Strait Islander |
| 🗅 Mr   | Mrs               |                                   | 🛛 Ms                 |                     |
| 🖵 Miss   |                   |                                   |                      |                     |
| Surname:   |                   |                                   |                      |                     |
| First name:  |                   | Middle name:                      |                      |                     |
| Home phone:  | Work phone:       |                                   | Mobile:              |                     |
| Email address:   |                   |                                   |                      |                     |
| Current drivers licence?                               |                   | I Yes                             | 🗖 No                 |                     |
| Date of birth:   | Preferred name:   |                                   |                      |                     |
| Address:   |                   |                                   |                      |                     |
| Town:  | State:            |                                   | Postcode:            |                     |
| Employment history                                     |                   |                                   |                      |                     |
| Current Employment                                     |                   |                                   |                      |                     |
| Are you currently employed?                            |                   | □ Yes                             | 🗖 No                 |                     |
| Employer name  |                   |                                   | Length of employment |                     |
|  |                   |                                   |                      |                     |
| Summary of previous employmen                          | t                 |                                   |                      |                     |
| Employer name  |                   | Length of employment              |                      |                     |
|  |                   |                                   |                      |                     |
|  |                   |                                   |                      |                     |
| Have you completed work experience or voluntary work?  |                   | </td <td>🖵 Yes</td> <td>🗖 No</td> | 🖵 Yes                | 🗖 No                |
|  |                   |                                   |                      |                     |
| Education and training history                         |                   |                                   |                      |                     |
| Have you enjoyed your educational experiences to date? |                   |                                   | Yes                  | No                  |
| Why?   | 1                 |                                   |                      |                     |
| Highest year of school completed                       | ?                 |                                   |                      |                     |
| List any qualifications or courses                     |                   | ken                               |                      |                     |
| Qualification/Course                                   |                   | Date                              |                      |                     |
|  |                   |                                   |                      |                     |
|  |                   |                                   |                      |                     |
|  |                   |                                   |                      |                     |

| 2015 iSmile APPLICATION FORM   |             |             |  |  |  |
|--|-------------|-------------|--|--|--|
| To ensure we can provide support for iSmile students, how would you rate your maths, reading, communication and computer skills? [please circle]                             |             |             |  |  |  |
| High Average   | Help Needed |             |  |  |  |
| Medical information  |             |             |  |  |  |
| Are you willing to meet NSW Health vaccination requirements?   | Yes         | No          |  |  |  |
| Career goals   |             |             |  |  |  |
| Why do you want to work in the health/dental industry?   |             |             |  |  |  |
|  |             |             |  |  |  |
|  |             |             |  |  |  |
|  |             |             |  |  |  |
|  |             |             |  |  |  |
|  |             |             |  |  |  |
| Dorticipation in the ismile training programme   |             |             |  |  |  |
| Participation in the iSmile training programmeWill you need any assistance to attend the iSmile interview?   | Yes         | No          |  |  |  |
| If yes, please provide details:  | 165         | NO          |  |  |  |
| i yes, piease provide details.   |             |             |  |  |  |
| Will you be able to travel to attend the iSmile programme?   | Yes         | No          |  |  |  |
| Will you need any assistance to participate in the iSmile programme?   | Yes         | No          |  |  |  |
| if yes, please provide details:  |             |             |  |  |  |
| TAFE Western will keep photo records of iSmile events and course excursions. Do you give permission for TAFE Western to use photos of you to highlight the iSmile programme? | Yes         | No          |  |  |  |
| How did you find out about the iSmile programme?   | pl          | ease circle |  |  |  |
| Newspaper, radio, community, Aboriginal network, JSA, other:   |             |             |  |  |  |
| Signed:  | Date:       |             |  |  |  |

#### Please photocopy if you need additional forms

Note: images used in this brochure are Indigenous dental assistants or iSmile students.









Bila Munji Aboriginal Health Service Incorporated