

# Unit Standard Exemption Application Form

## (For Core Competencies Trainees)

Please complete this form in full and return it to Careerforce, PO Box 25255, Christchurch 8144.

### 1. Programme enrolment

I am currently enrolled in the National Certificate in Health, Disability, and Aged Support (Core Competencies) (Version 5), and wish to apply to have the unit standards I have already achieved counted towards the qualification.

### 2. Unit standard selection

I wish to have the following unit standards cross credited towards Core Competencies (Level 3) Version 5.

Please tick the unit standard(s) you have completed			Which will give you an exemption from:	
	ID	Title	ID	Title
<input type="checkbox"/>	1831	Develop a support network with a person with a disability	23382	Support a person to participate as a member of the community in a health or disability setting
<input type="checkbox"/>	20827	Support a consumer to use prescribed medication in a health or disability setting	23685	Describe pre-packaged medication used in a health or disability setting
<input type="checkbox"/>	20824	Apply knowledge of a consumer's rights and responsibilities in a health or disability setting	23686	Demonstrate knowledge of a consumer's rights in a health or disability setting
<input type="checkbox"/>	20824	Apply knowledge of a consumer's rights and responsibilities in a health or disability setting	27104	Apply the Code of Rights when supporting people in an aged care, health, or disability context
<input type="checkbox"/>	20825	Support consumers to meet personal care needs in a health or disability setting	23454	Apply service plan requirements to meet the needs of consumers in a health or disability setting
<input type="checkbox"/>	20828	Support consumers to meet household management needs in a health or disability setting		
<input type="checkbox"/>	23920	Demonstrate knowledge of dementia, person-centred care, and communication for a person living with dementia	26974	Describe interaction, supports, and reporting for people with dementia in an aged care, health, or disability context
<input type="checkbox"/>	23921	Provide person-centred care when supporting a person living with dementia		
<input type="checkbox"/>	23922	Demonstrate knowledge of effects of dementia and how to manage them, for those caring for a person living with dementia		
<input type="checkbox"/>	23923	Demonstrate knowledge of support for people living with dementia when their behaviour presents challenges		

**3. Your employer's details**

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Company name .....

**4. Your personal details**

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Your date of birth (e.g. 30/11/1985)...../...../.....

Your legal first name(s) .....

Your legal last name.....

Your NZQA number.....

**5. Your declaration and signature**

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By signing here you, the trainee, acknowledge that the information supplied is correct to the best of your knowledge.

Your signature..... Date...../...../.....

**Office use only**

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Entered by:	-----/-----/-----	Checked by:	-----/-----/-----
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