

Pre Training Review

Name of Student Apprentice/ Trainee	
Course/s you have applied for:	
Name of Employer/ Workplace Supervisor	
Name of Trainer	
Learning and assessment period (e.g. March to Sep)	
Preferred mode of study	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

A. Pre Training Review Discussion

<p>1. List any courses/ qualifications you have previously completed:</p> <p>If you have completed equivalent units, you will be granted a credit transfer. You will be required to present evidence (statement of results) at the time of enrolment.</p> <p>Do you wish to apply for Credit Transfer?</p>	Date completed	Course
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2. Do you wish to Apply for RPL</p> <p>Recognition of Prior Learning (RPL) is an assessment process that recognises the skill and knowledge already gained. If you have relevant work experience and work based training or life experience, you may apply for course credit.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If you choose Yes, you must supply supporting evidence which may include your resume, work references, position description)	

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<p>3. You may be eligible for a government funded course under Skills First Program. Please tick the correct response.</p>	<p>a. Is the course you are applying for at a higher level than the highest qualification you already hold? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Is the course you are applying for at the same level as other government subsidised courses you have previously commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Will you be commencing more than two government subsidised courses for the Calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. What are your reasons for study?</p>	<p><input type="checkbox"/> To gain employment <input type="checkbox"/> To gain knowledge and study skills <input type="checkbox"/> To access pathways into further study <input type="checkbox"/> Develop skills for my current job <input type="checkbox"/> Develop skills for a change of career <input type="checkbox"/> Other, please specify:</p>
<p>5. What benefits do you think the course will provide you personally and professionally?</p>	
<p>6. Please detail your pathway after completing the qualification.</p>	
<p>7. Have you worked or volunteered in an area related to your intended area of study?</p>	
<p>8. What do you know about your intended area of study or related industry?</p>	
<p>9. What is your preferred learning style? You may tick more than one.</p>	<p><input type="checkbox"/> Participating in classes face to face with teacher and other students. <input type="checkbox"/> Group work with other students, discussion with other students <input type="checkbox"/> Online completion of some units/subjects <input type="checkbox"/> Continuous and regular communication with my teacher <input type="checkbox"/> Self-directed tasks and activities <input type="checkbox"/> Hands on tasks, role plays and activities <input type="checkbox"/> Self-paced flexible learning books <input type="checkbox"/> On the job, workplace training and assessment</p>

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<p>10. What is your preferred delivery mode?</p>	<input type="checkbox"/> Classroom <input type="checkbox"/> Workplace <input type="checkbox"/> Blended mode <input type="checkbox"/> Online																								
<p>11. Digital capability</p> <p>i. How do you plan to access computers and the internet</p> <p>ii. Do you use any of the following digital devices and if so how often?</p> <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="margin-right: 10px;">Daily</div> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="margin-right: 10px;">Weekly</div> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="margin-right: 10px;">Monthly</div> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="margin-right: 10px;">Less than monthly</div> <input type="checkbox"/> </div> <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="margin-right: 10px;">None</div> <input type="checkbox"/> </div>	<input type="checkbox"/> At home <input type="checkbox"/> College <input type="checkbox"/> Public Library <input type="checkbox"/> Family/ Friends <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Computer</th> <th style="padding: 5px;">Laptop</th> <th style="padding: 5px;">Smart phone</th> <th style="padding: 5px;">Tablet/iPad</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>iii. What do you use your laptop and/or computer for?</p> <input type="checkbox"/> Sending emails <input type="checkbox"/> Finding information/surfing the internet <input type="checkbox"/> Using Facebook/ YouTube etc. <input type="checkbox"/> Online shopping <input type="checkbox"/> Writing letters, reports <input type="checkbox"/> For other office work <input type="checkbox"/> I never use laptop or computer <p>iv. How do you rate your computer skills?</p> <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <p>v. Please tick any of the comments that apply to you</p> <input type="checkbox"/> I am confident in computer programming <input type="checkbox"/> I am comfortable in producing and saving documents and spreadsheets <input type="checkbox"/> I am comfortable in watching videos (You tube etc) and using social media <input type="checkbox"/> I am comfortable in researching on the internet and sending emails <input type="checkbox"/> I am not comfortable with any technology	Computer	Laptop	Smart phone	Tablet/iPad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>12. Do you require any additional support or anything that might prevent you from progressing through the training and assessment program? <i>E.g. Physical injuries or language barrier etc.</i></p>																									

B. Student Declaration

- I declare to the best of my knowledge that the information contained in this form is correct and complete. I acknowledge that the provision of incorrect information or withholding of relevant information relating to my academic record or work experience may result in the withdrawal by the institution of a place that may be offered and that this withdrawal may take place at any stage during the course I undertake.
- I declare that CAC has provided me with a Statement of Fees, which indicates the total cost for the course of study/enrolment including any eligibility for concession. I have been provided with the refund policy which outlines the information about withdrawal, course cancellation and other relevant information.

Applicant's Signature _____ Date: _____

C. Pre Training Review Outcome (To be completed by interviewer)

1. Language Literacy and Numeracy

a. LLN Test Conducted: Yes No

b. Considering the response on the PTR form and the LLN Test outcome does the applicant have appropriate literacy and numeracy skill levels to meet the requirement of this course?

Yes No

If No:

With additional support is the applicant likely to be successful in the chosen course of study?

Yes, What additional support should be provided:

- Delivery and assessment methods adapted by trainers, e.g. oral assessment
- Referral to Learning Advisors for out of class learning support
- Other: _____

No, please provide further advice of options available to the applicant.

2. Course suitability

a. If the student is under 17 years of age do they have a completed 'Transition from School' form or evidence signed by a Department of Education and Training (DET) regional director	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Proposed course of study provides access to training for disadvantaged learners	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer of the question b is Yes, Any support/ adjustments to proposed learning strategies or materials If Yes, please declare here:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>c. Proposed course of study meets the applicant's learning style & career aspirations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. Is the student interested in pursuing a higher level qualification after completing this course?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. Please tick <u>one</u> of the following stating that the training aligns with the:</p> <p><input type="checkbox"/> The individuals' aspirations and interests aligns with obtaining the required skills to make them job ready</p> <p><input type="checkbox"/> Assists individuals to undertake further education</p> <p><input type="checkbox"/> Promotes/enables access to training for disadvantaged learners</p>	
<p>f. Taking into account the considerations made in this form, is enrolment in the proposed training program suitable and the most suitable training for the student?</p> <p><input type="checkbox"/> Yes, this qualification is the most suitable course and training option because (select the most relevant of the following reasons):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has some experience in the industry <input type="checkbox"/> Has completed other studies in this area <input type="checkbox"/> Needs to develop further skills to gain employment <input type="checkbox"/> This course is an appropriate pathway to further studies <input type="checkbox"/> Other (complete statement): <p><input type="checkbox"/> The learning strategies and materials are appropriate to this learner</p> <p><input type="checkbox"/> Yes, with support/ adjustments. Document reasons and identified supports/adjustments: <i>E.g., LN support, digital capability support, wellbeing support, career counsellor support, adjustments to proposed learning strategies or materials</i></p> <p><input type="checkbox"/> No. Document reasons</p>	
<p>g. Digital Capability/ Access</p> <p>Has the interviewer explained to the student about the minimum IT requirements for participation the proposed course of study?</p> <p>Does the applicant have the required digital capability?</p> <p>Does the applicant have access to technology to complete this course?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Additional Feedback/ Comments:

Interviewer Name:

Interview Date and Time:

Signature:

For office use only

Student Admin to complete:

RPL/ CT incorporated in the Training Plan: Yes No

Signature: _____ Date: _____