**PRE-TRAINING REVIEW**

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| ***INSTRUCTIONS:* PLEASE SPECIFY ALL DETAILS IN BOLD AND CAPITAL LETTERS** | |
| ***COURSE CODE AND COURSE NAME (or part thereof)/UNIT CODE AND UNIT NAME IN WHICH YOU ARE ENROLLED IN*** | |
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| ***CANDIDATE FULL NAME:*** |  |
| ***DATE OF THE REVIEW:*** |  |

## ***ABOUT THIS PRE-TRAINING REVIEW***

This Pre-Training Review is conducted for prospective students as part of the enrolment process. The purpose of the Pre-Training Review is to ensure that the qualification/s and/or unit of competency you are seeking to enrol suits you and your future career plans. Please be advised that this review is conducted prior to enrolment or the commencement of training and assessment, whichever comes first, in order to provide you advice about whether the selected training product is appropriate to your needs, taking into account your existing skills and competencies. Also note that this review does not judge your language, literacy or numeracy (LLN) skills. LLN test is conducted separately, if required.

This Pre-Training Review covers the exploration of career goals, exploring your current skills, previous education and work history to determine the most suitable course for you. Please answer each question as accurately as possible. This will enable us to ensure that the proposed learning strategies and materials are appropriate for you.

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| 1. **What is the main reason for you choosing to study this course?**  * to get a job * improve my skills * requirement of my job * personal interest * other [specify]: |
| 1. **What are your career goals? (List at least 2)**   **Short term (next 6-18 months)**  **1.**  **2.**  **3.**  **Long term (5 years)**  **1.**  **2.**  **3.** |
| 1. **Do you have any work experience in relation to the course you are choosing to study?**  * YES * NO   If yes, briefly list your professional roles and responsibilities related to your course. You can also attach your resume if required, to support your answer. |
| **4. Are you aware of the learning outcomes of this course?**   * YES * NO |
| **5. How do you think this course will benefit you? What employment/career outcomes do you hope to gain from undertaking this qualification(s)? Select all relevant options.**   * To get a job * To develop or start my own business * To try for a different career * To get a better job or promotion * It is a requirement of my job * I want extra skills for my job * To improve my general educational skills * To get skills for community/voluntary work * To increase my self-esteem * Other reason (please specify) |
| **6. In your past learning experiences, have you encountered any barriers or difficulties to learning? List all the relevant ones, wherever applicable.** |
| **7. From the information that you currently have about the course, do you have any concerns that might prevent you from progressing through this training and assessment program? Please list down the appropriate support that you might think would be required during your course**. |
| **ENGLISH PROFICIENCY**  **9. Have you previously undertaken an LLN Test, other than the one provided by Interaction?**   * Yes * No   **If yes, what was your result?**  \*You will be asked to provide evidence supporting your claim |

If required, your Interaction Institute Representative or Trainer may seek your LLN assessment results to match with your Pre-Training Review. The assessment has been designed to ensure that you have the ability to complete the course or to identify any support needs that you have.

**THANK YOU!** Please submit this completed form to your Interaction Institute Representative.

***Office use only:***

*(to be completed by Interaction Institute’s authorised representative)*

STUDENT NAME:

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| **Based on the information provided by the student, I agree that:** | **Yes** | **No** |
| Student was given all information and handbook. |  |  |
| Enrolment in this course aligns with the student’s work/career plan. |  |  |
| The student has successfully completed the LLN Assessment, and the completed assessment has been reviewed and retained for inclusion in the student records [if applicable] |  |  |
| The student can commit to the hours of study recommended for this course. |  |  |
| RPL / Credit Transfer have been discussed with the student. |  |  |
| Assistance available in class and support services have been explained. |  |  |
| The student has appropriate work experience and level of skill and ability to undertake this course successfully |  |  |
| Appropriate proposed assessment instruments, learning materials and strategies aligns with student's background and experience |  |  |
| The student has demonstrated appropriate language, literacy and numeracy level for this course |  |  |
| INDICATIVE ASSESSMENT SUMMARY - Language Proficiency   * LLN Assessment Outcome [as determined by LLN Assessment completed by the student]   Please detail LLN judgment decisions and outcomes of support services or referrals (if any) that have been offered | | |
| **Areas requiring assistance / Recommendations for support or adjustment/ Other comments:** | | |

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| **Based on the information provided by the student, I agree that:** | **Yes** | **No** |
| The predicted student’s capacity to benefit from this course is? [please tick]   * Poor * Fair * Good * Very Good * Excellent | | |
| RPL / Credit Transfer suitable |  |  |
| Training Plan to be established based on the information provided |  |  |
| **Interaction Institute Representative Recommendation**: | | |
| **Enrolment to proceed:**   * Yes * No   **Enrolment to proceed with adjustments:**   * Yes * No | | |

**Declaration:**

I confirm that course arrangements are suitable and appropriate to the existing skills, knowledge and the experience of the student due to the reasons noted above and that the course mode of delivery is also suitable to the student’s needs. The student can now progress to completing Interaction’s Compliant Enrolment Form.

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| **Interaction Representative:** |  |
| **Signature:** |  |
| **Date:** |  |