

Pre-Training Review - VIC



The following form is to be completed by the Client/Applicant and relevant Trainer/Assessor.
All fields are Mandatory as required by ASQA 2015 Standards.

PROPOSED COURSE

Proposed Course Code:

Qualification Name:

CLIENT /APPLICANT TO COMPLETE THE FOLLOWING SECTIONS

Applicant Full Name:

Applicant Phone Contact:

Applicant Email:

What are your Expectations?

What do you hope to gain from undertaking this qualification?

If you were to gain employment in this area, what tasks do you think it would involve?

What are three personal qualities that are important for someone working in this industry? e.g. consideration

Why do you feel you are suitable to work in this industry?

What made you interested in this type of work/study?

Your Previous Experiences and Current Competencies.

Please describe your current position and your work history detailing your roles and responsibilities (or attach a CV or Position Description). Not Applicable (If no work history please eg. School leaver)

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Professional Development

What work related training or professional development have you participated in over the last three years? Not Applicable (If no training completed)

Prior Qualifications

Please list any qualifications or statements of attainment you have previously gained (attach copies).
 Not Applicable (If no Training/Qualifications or Statement of Attainment gained)

Recognition of Prior Learning

After discussing the course outline please list the units which you could provide evidence of your competency.

I would like to make an application for RPL: Yes No

TRAINER / ASSESSOR TO COMPLETE THE FOLLOWING SECTIONS

Learning Styles

What is your preferred learning style?

- Visual learners** prefer visual input and tend to remember things better if they are organised and presented visually, for example **images, chats and flow diagrams**.
- Auditory learners** prefer auditory input and remember things best when they hear them.
- Kinaesthetic learners** prefer input that is physical and concrete. They require **action** and **movement** to learn things. They need to do something to remember it.

Language, Literacy and Numeracy Assessment

Based on the qualification, job role and required level of language, literacy and numeracy that the vocation and industry requires.

Based on the above, what assessment tools, will the trainer commence the LLN assessment level at?

- ACSF 1 ACSF 2 ACSF 3 ACSF 4 ACSF 5

Support

Do you consider yourself to have any disabilities? Yes No

If YES, tick appropriate boxes (you may indicate more than one area)

- Hearing/Deaf Learning Vision Physical Mental Illness
 Medical Condition Intellectual Acquired Brain Impairment Other

If so, in what way can we provide you support?

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If yes an Education Support Plan will need to be completed.
Is there anything that might prevent you from progressing through the training and assessment program?

Qualification

The trainer has ascertained the most appropriate qualification for the student to enrol?

Yes No

Notes based on the following determination.

Formal course pre-requisites have been explained and student advised that a Training Plan will be developed.

Study

FULL TIME:

(day/s class study + day/s home study + day/s work placement x total weeks)

PART TIME:

(day/s class study + day/s home study + day/s work placement x total weeks)

SIGNATURE

Client/Applicant Signature:

Date:

Trainer /Assessor Signature:

Date: