



PRE-TRAINING REVIEW FORM

Instructions to the student: This document is part of our Pre-Training Review process. It is designed to gather information on your knowledge, skills, experience, career plans and hopes for the future. It will be considered in conjunction with your enrolment form, Language, Literacy and Numeracy assessment, Credit Transfer/RPL application documents and discussions with our staff.

This will assist us to make sure the course is right for you and to customise your learning program. Please complete this document accurately, honestly and to the best of your ability.

Student Name: _____ **Date:** _____

Course wishing to enrol into: _____

Current workplace (if applicable): _____

Current position: _____

Current industry experience:

Past work experience:

Qualifications, Certificates or other vocational competencies you hold:

Briefly outline any work related training or professional development you have completed in the last three years:

Briefly outline any other activities or achievements (volunteering, sporting, community, awards etc):

What are your career goals, aspirations and interests?

What are your strengths?

What are your weaknesses?

What do you hope to achieve from this training program?

Do you wish to go on to further study after completing this qualification? If so, which qualification?

What employment are you hoping to attain after completing this qualification?

If you are entering into a new industry why have you made the decision to do so?

How can MSA Training and Professional Development help you to achieve your professional goals?

How do you plan to manage your time to fit your studies in with your existing work/family responsibilities?

Briefly outline anything that might prevent you from progressing through the training and assessment program (eg. physical injuries, additional needs, disabilities, language barriers, childcare/family responsibilities, financial difficulties, upcoming holidays, religious requirements etc.):

How can we help you to overcome these barriers?

How do you plan to travel to campus for classes and to any required work/volunteer placement?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Drive own car | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Driven by someone else | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Bike | <input type="checkbox"/> Train |
| <input type="checkbox"/> Tram | <input type="checkbox"/> Other _____ |

Do you foresee having any problems with transport?

- NO YES

How are you feeling about embarking on this training?

Describe any concerns you have about enrolling into this course.

STUDENT NAME: _____ **STUDENT SIGNATURE:** _____

DATE: _____ **TIME:** _____

For RTO Representative to complete:

| Rationale for accepting the student into the course | | |
|---|------------|-----------|
| <i>Considering the information provided by the student on this Pre-Training Review Form, the enrolment form, Credit Transfer application form, discussions with the student and the result of their LLN assessment, tick as many statements as apply and use these as the basis for determining whether the course is suitable and appropriate for the student.</i> | | |
| <i>At least one of the first 3 statements must apply.</i> | | |
| | Yes | No |
| This course will enable the student to obtain the required skills to make them job-ready | | |
| This course will assist the student to undertake further education | | |
| This course will promote/enable access to training for disadvantaged learners | | |
| Student has sufficient language, literacy and numeracy skills to successfully undertake the course | | |
| The student has the required computer skills and digital capability | | |
| The student has appropriate work experience and/or level of skills and ability to undertake this course successfully | | |
| The student meets the entry requirements of the course, including any pre-requisites | | |
| The learning strategies and materials used in this course are suitable for the student | | |
| If required, appropriate support services, referrals and course customisation is available | | |
| This course is aligned with the student's work/career/participation aspirations | | |
| This course will give the student the skills and knowledge required for their chosen field | | |
| This course provides employability skills | | |
| This course will give the student an opportunity to advance to further study for their chosen pathway | | |
| The content of the course is suitable for the student's interests | | |
| This course will provide formal recognition of the student's current skills and knowledge | | |
| This course minimises duplication of the student's existing competencies | | |
| This course is at an appropriate level for the student | | |
| This course is the most appropriate training option for the student | | |
| Alternative study offered? Please specify: | | |

Comments:

RTO Representative Name: _____

RTO Representative Signature: _____ **Date:** _____ **Time:** _____