



## 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 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.

This review is NOT a language, literacy and numeracy [LLN] Assessment.

<b>Candidate Full Name:</b>		<b>Proposed Course Start date:</b>	
<b>Course</b>	<input type="checkbox"/> BSB40520 Certificate IV in Leadership and Management	<input type="checkbox"/> BSB40420 Certificate IV in Human Resource Management	
	<input type="checkbox"/> BSB50420 Diploma of Leadership and Management	<input type="checkbox"/> BSB50320 Diploma of Human Resource Management	
	<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management	<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)	

### PRE-TRAINING REVIEW QUESTIONNAIRE

**Q1. What is the main reason for you choosing to study this course?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> To get a job                             | <input type="checkbox"/> To develop my existing business           | <input type="checkbox"/> To start my own business       |
| <input type="checkbox"/> To try for a different career            | <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job         | <input type="checkbox"/> To get into another course of study       | <input type="checkbox"/> To increase my self-esteem     |
| <input type="checkbox"/> To improve my general educational skills | <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons                  |

**Q2. Are you aware of learning outcomes of this course?** ☐ Yes ☐ No

**Q3. What is your main career goal?**

### WORK EXPERIENCES AND CURRENT SKILLS

**Q4. 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.



**Q5. Have you gained any work experience or other skills that could be recognised to provide credit toward this course (Recognition Prior Learning)?** ☐ NO ☐ YES

If yes, please complete the RPL application form and proceed with Recognition Prior Learning application procedure.

\*Explanation note: Recognition Prior Learning (RPL) is the acknowledgement of skills and knowledge obtained through: (i) formal training or study, including courses at school college, adult education and training programs at work; (ii) work experience, including paid and volunteer work; (iii) life experience, including skills attained through leisure pursuits or hobbies.

RPL application form can be obtained at Melbourne Education Institute's Student Support Department. For more information on the RPL, refer to Melbourne Education Institute's website on <https://mei.edu.au/>

**Q6. Have you undertaken IELTS or other official English Test?** ☐ Yes ☐ No

Which test have you undertaken? ☐ IELTS ☐ PTE ☐ Other, please specify: \_\_\_\_\_

Listening: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Speaking: \_\_\_\_\_ Overall Band: \_\_\_\_\_

**Q7. Do you have access to any of these digital technologies?** ☐ Yes ☐ No

If Yes tick the appropriate box. Ensure you also tick your level of capability for each digital technology

	Beginner	Limited	Capable	Advanced
Desktop or Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet or Smart phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Office (Word, Excel, PowerPoint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PREVIOUS LEARNING EXPERIENCES**

**Q8. Do you have any prior qualification/unit of competency attained related to your chosen course?**

☐ NO ☐ YES, please provide evidence (Transcript and/or Statement of Attainment)

Do you want to apply for Credit Transfer for this course? Yes ☐ No ☐

If Yes, please complete the credit transfer form and proceed with Credit Transfer application procedure.

Credit Transfer is the 'exemption from enrolment in a particular part of the course as a result of previous study, experience or recognition of a competency currently held. It includes academic credit and recognition of prior learning. The credit transfer form can be obtained at Melbourne Education Institute's Student Support Department. For more information on Credit Transfer, refer to Melbourne Education Institute's website on <https://mei.edu.au/>

**Q9. In your past learning experiences, have you encountered any barriers or difficulties to learning? Select all the relevant ones, wherever applicable.**

- |  |   |
|--|---|
| <input type="checkbox"/> Computer Skills (including word, PowerPoint, excel, etc.)                             | <input type="checkbox"/> Group Discussions/Interactions with others                     |
| <input type="checkbox"/> Speaking and Listening  | <input type="checkbox"/> Reading and Writing  |
| <input type="checkbox"/> Practical application of skills and knowledge in a workplace or simulated environment | <input type="checkbox"/> Working through real examples such as a case study or scenario |
| <input type="checkbox"/> Other reason (please specify):  | <input type="checkbox"/> NONE   |

**EDUCATIONAL AND SUPPORT SERVICES**

**Q10. 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 select the appropriate support that you might think would be required during your course.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> English language support | <input type="checkbox"/> Reading support | <input type="checkbox"/> Writing support               | <input type="checkbox"/> One-on-one guidance |
| <input type="checkbox"/> Additional resources     | <input type="checkbox"/> NONE            | <input type="checkbox"/> Other reason (please specify) |  |



RTO AUTHORISED DELEGATE DECLARATION		
Based on the information provided by the student, I agree that:	Yes	No
Student was given all information, handbook, duration, delivery mode, possible job outcomes, Timetable and training location, and course fees.		
Enrolment in this course aligns with the student's work/career plan.		
The student has successfully completed the ASCF aligned 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.		
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		
Training Plan to be established based on the information provided		
The student has demonstrated appropriate language, literacy and numeracy level for this course		
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:		
The predicted student's capacity to benefit from this course is? [please tick] <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Enrolment to proceed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Enrolment to proceed with adjustments <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.		
Staff name:	Staff signature:	Date: