



Course Entry Interview Form

This form must be completed for each student prior to the finalisation of enrolment. The information provided will be used to ensure that the course is aligned to the learner's needs (note for CHC43015 Certificate IV in Ageing Support, detailed information should be provided to students to ensure they meet the requirements of the role).

Please ensure each question is answered with as much detail as possible. Failure to address all questions may lead to the student's enrolment being rejected.

The course entry interview may be completed in a face to face setting or over the telephone or Skype.

SECTION A – Student/Applicant Details			
Name:		Date of Birth:	
Phone:	()	Email:	
SECTION B – Questions to be asked of the student			
1. What course/s are you interested in enrolling in?	<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC52015 Diploma of Community Services <input type="checkbox"/> BSB51918 Diploma of Leadership and Management <input type="checkbox"/> BSB61015 Advance Diploma Of Leadership & Management <input type="checkbox"/> BSB80615 Graduate Diploma of Management (Learning) <input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery <input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery <input type="checkbox"/> SIT50416 Diploma of Hospitality <input type="checkbox"/> AUR30616 Certificate III in Light Vehicle Mechanical Technology <input type="checkbox"/> AUR40216 Certificate IV in Automotive Mechanical Diagnosis <input type="checkbox"/> AUR50216 Diploma of Automotive Technology		
2. What do you hope to gain from enrolling in this course/s? (Relevant to interests, capabilities, aspirations and job outcomes)			
3. Please describe your career goals including any jobs you would like to have in the future.			
4. What courses have you participated in in the past and what did you enjoy most about these courses?			

5. Have you had any experience in any area related to the course/you would like to enroll in?	
6. What support do you think you will need in order to complete this course successfully?	<input type="checkbox"/> English language support <input type="checkbox"/> Reading support <input type="checkbox"/> Writing support <input type="checkbox"/> Study support <input type="checkbox"/> One-on-one guidance with a trainer/assessor <input type="checkbox"/> Additional resources Other: <hr/> <hr/> <hr/>
7. Have you ever or are you currently working in the industry for which you are seeking training for? This will also help us determine if RPL is a suitable option for you.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please outline what role you had, when you worked in the industry and how long for. <hr/> <hr/> <hr/> Will the student be applying for RPL? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you completed any course that is likely to give you Credit for this course – i.e. would you like to make an application for Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the applicant must supply certified copies of their transcripts.

SECTION C – Computer use and Internet <input type="checkbox"/> Not applicable	
9. Do you have regular access to a computer and Internet and are you familiar with how to use it?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, discuss solutions and strategies and document here. <hr/> <hr/> <hr/> <hr/>

SECTION D – OUTCOME OF ENTRY INTERVIEW

To be completed by RTO representative

10. What additional support will be provided to the student in order to ensure they are able to complete their program successfully?

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Other comments and notes

Staff member declaration

The student is suitable for the course.

Comments

Staff member Name:		Position:	
Signature:		Date:	