



***INSTRUCTIONS: PLEASE SPECIFY ALL DETAILS IN BOLD AND CAPITAL LETTERS**

| | | | |
|-----------------------------|--|--|--|
| Applicant FULL NAME: | | | |
| Applicant ID | | | |
| Course Code | | | |
| Course Name | | | |

PURPOSE

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, to provide you advice about whether the selected training product is appropriate to your needs, considering your existing skills and competencies.

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.

| Course and Units Information (must be completed) (Please tick appropriate boxes) <input type="checkbox"/> | | | |
|---|--|--|---|
| Did you have access to enough information to make an informed decision about your enrolment in this course? Please tick the relevant and provide the relevant information accordingly so that student can make an informed decision, about the course and MCBT | Where to find more information MCBT WEBSITE and MCBT Student Handbook | Yes <input type="checkbox"/> | No (More Information required) <input type="checkbox"/> |
| Course Information (Discussed with Student) | | | |
| Entry requirements for your course | Course Brochure Specific to student area of Study, MCBT Website, https://mcbt.vic.edu.au/ MCBT Student Handbook | <input type="checkbox"/> | <input type="checkbox"/> |
| Any Pre-requisite Unit requirements for the course | | <input type="checkbox"/> | <input type="checkbox"/> |
| Duration of course | | <input type="checkbox"/> | <input type="checkbox"/> |
| Course location | | <input type="checkbox"/> | <input type="checkbox"/> |
| Content of the course | | <input type="checkbox"/> | <input type="checkbox"/> |
| Delivery method of course (e.g. on or off campus, face-to-face) | | <input type="checkbox"/> | <input type="checkbox"/> |
| How assessment is conducted during the course | | <input type="checkbox"/> | <input type="checkbox"/> |
| When and Where assessment will be conducted? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Whether or not your course includes a work placement | | <input type="checkbox"/> | <input type="checkbox"/> |
| English, Attendance and Academic Requirements | | <input type="checkbox"/> | <input type="checkbox"/> |
| Fee information (Total Cost) | | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition and Non-Tuition Fees | | <input type="checkbox"/> | <input type="checkbox"/> |
| Student support services | | <input type="checkbox"/> | <input type="checkbox"/> |
| Referral Services | | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | |
|--|--|--------------------------|--------------------------|
| The requirement for you to undertake an assessment of your language, literacy and numeracy (LLN) skills before enrolment to determine any support needs you may have during your study | | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognition of prior learning (RPL)/Credit Transfer (CT) Option/Process Explained to the student (Please attach copies of your certified academic transcript certificate if you are applying for Credit Transfer) | | <input type="checkbox"/> | <input type="checkbox"/> |

GOALS AND PREFERRED LEARNING STYLE

| |
|---|
| <p>1. What is the main reason for you choosing to study this course?</p> <p><input type="checkbox"/> to get a job <input type="checkbox"/> improve my skills <input type="checkbox"/> requirement of my job <input type="checkbox"/> personal interest <input type="checkbox"/> other [specify]: _____</p> |
| <p>2. Do you have any work experience in relation to the course you are choosing to study?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| <p>3. Do you have any prior qualification/unit of competency attained related to your chosen course?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>4. RPL & Credit Transfer - Sometimes previous study can be used as credit towards achieving units in your course.</p> <p>An assessment of your existing skills, knowledge and experience may lead to course credits known as Recognition of Prior Learning (RPL). Credit Transfer (CT) is a process of recognising your previous formal studies that are equivalent to one or more units in the course you wish study in at The College.</p> <p>Please tick the appropriate box to indicate if you wish to talk to someone about RPL or CT.</p> <p>Would you like to learn more about applying for Recognition of Prior Learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to learn more about applying for Credit Transfer (CT)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*All credit transfer applications will need to be supported by appropriate academic transcripts</small></p> |
| <p>5. Are you aware of learning outcomes of this course?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>6. 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.</p> <p><input type="checkbox"/> To get a job</p> <p><input type="checkbox"/> To develop or start my own business</p> <p><input type="checkbox"/> To try for a different career</p> <p><input type="checkbox"/> To get a better job or promotion</p> |



- ☐ 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)

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

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

**8. 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.**

- ☐ English language support
- ☐ Reading support
- ☐ Writing support
- ☐ One-on-one guidance
- ☐ Additional resources
- ☐ Other reason (please specify)
- ☐ NONE



Digital Capacities /Computer Basic Skills

The following questions will provide a holistic perspective of the student's access and abilities in using the computer and internet, which may be required as part of course i.e. assessments, research, Project, Assignments and Report etc.

| Computer Skills | Support Required (please tick) | Support Not Require (please tick) |
|---|-----------------------------------|--------------------------------------|
| Starting a computer and logging in using a username and password | | <input type="checkbox"/> |
| Using the internet | <input type="checkbox"/> | <input type="checkbox"/> |
| Microsoft Word, creating new documents, saving files, can use cut, copy and paste functions etc.) and Excel | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicating online using email and social media | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant Signature and Declaration:

I declare to the best of my knowledge the information I have provided through my responses are true and accurate to the best of my knowledge and I have not wilfully suppressed any information. I understand that MCBT may refuse, reverse or terminate my enrolment because of untrue, misleading or incomplete information. I understand that if there are any changes to the information provided by me in this interview, I will notify MCBT immediately. I also acknowledge that I have been provided an opportunity to ask questions.

Student Name:

Student Signature: Date:

THANK YOU! Please submit this completed form to your Melbourne College of Business and Technology Representative.

Office use only:

(to be completed by Melbourne College of Business and Technology's authorised representative)

| Based on the information provided by the student, I agree that: | Yes | No |
|--|--------------------------|--------------------------|
| Credit Transfer/RPL Is the applicant applying for credit transfers/RPL? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, Has the student supplied & submitted the completed application form for Credit transfer form and associated evidence and referred to appropriate Course Co-Ordinator for RPL? | <input type="checkbox"/> | <input type="checkbox"/> |
| Literacy/Numeracy | | |
| Considering the responses on their pre-training review form and the LLN assessment result, does the applicant currently have the appropriate level of literacy and numeracy skills to meet the requirements of their course of choice? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes: The learning strategies and materials are appropriate to this learner | <input type="checkbox"/> | <input type="checkbox"/> |
| If No: With additional support is the applicant likely to be successful in them chosen course of study? | <input type="checkbox"/> | <input type="checkbox"/> |
| Enrolment in this course aligns with the student's capability. | <input type="checkbox"/> | <input type="checkbox"/> |
| DECISION / COMMENTS (must be completed) | | |
| The course is suitable for the applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with assistance | | |
| If Yes, Please Tick the appropriate statement | | |
| The course will provide the individual with the required skills to make them job-ready <input type="checkbox"/> | | |
| Assists individuals to undertake further education <input type="checkbox"/> | | |



PRE-TRAINING REVIEW FORM

This qualification is the most suitable course and training option for the student because the applicant: **(please tick the appropriate statements):**

- ☐ Has completed other studies in this area
- ☐ Experience in the same Industry
- ☐ Can gain further skills to gain employment
- ☐ Can use the chosen course as an appropriate pathway for future studies

Comments:

Staff Name:

Staff Signature: Date: