



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

| | |
|--|--|
| Applicant FULL NAME: | |
| Applicant ID | |
| Course Code | |
| Course Name | |
| AQF Outcome Type | |
| Any licensed/regulated outcomes (if applicable) | |

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 in suit 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 | No (More Information required) |
| Course Information (Discussed with Student) | | | |
| Entry requirements for your course | <input type="checkbox"/> <input type="checkbox"/> 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"/> | |



PRE-TRAINING REVIEW FORM

| | | | |
|--|--|--------------------------|--------------------------|
| The requirement for you to undertake an assessment of your language, literacy, numeracy and Digital(LLND) 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) Please note: All CT/RPL decisions will be based on equivalence as listed on the National Register and in line with the Rules of Evidence. | | <input type="checkbox"/> | <input type="checkbox"/> |
| MCBT has provided RPL/CT Policy | | <input type="checkbox"/> | <input type="checkbox"/> |

Support Needs and Reasonable Adjustment (must be completed)

Please tick the appropriate boxes to help determine whether you may require additional support during your course. This will allow MCBT to assess, plan, and provide any reasonable adjustments or referrals needed to support your learning journey. All reasonable adjustments will comply with the Disability Standards for Education 2005 and the Standards for RTOs 2025, and will not compromise competency requirements. All information is treated confidentially.

| Support & Adjustment Area | Discussed with Student | Where to find more information | Yes | No (More Information Required) |
|--|------------------------|--|--------------------------|--------------------------------|
| Do you have a disability, medical condition, or other support need that may affect your study? | | MCBT Student Handbook, Student Support Officer (sso@mcbt.vic.edu.au) | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to have a confidential discussion to identify possible support services or adjustments? | | MCBT Student Services Team | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware that MCBT can provide reasonable adjustments based on your needs? | | MCBT Student Handbook, ISAP Process | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please tick any areas of support you believe may be relevant (tick all that apply):

- ☐ Physical disability or mobility access
- ☐ Vision or hearing impairment
- ☐ Learning difficulty (e.g. dyslexia, ADHD)
- ☐ Mental health condition (e.g. anxiety, depression)
- ☐ Long-term medical condition or illness
- ☐ LLN (Language, Literacy, or Numeracy) support
- ☐ Cultural, gender identity, or religious needs
- ☐ Other – Please specify: _____



Reasonable Adjustment Awareness and Acknowledgement

| Reasonable Adjustments | Discussed with Student | Where to find more information | Yes | No (More Information Required) |
|---|------------------------|---|--------------------------|--------------------------------|
| Are you aware that adjustments will not compromise course or assessment integrity? | | MCBT Student Handbook | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you understand that any support provided will be recorded in an Individual Support and Adjustment Plan (ISAP)? | | Student Support Officer, Academic Manager | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to explore options for adjustment during assessments or classes (e.g., extra time, alternative formats)? | | MCBT Support Services | <input type="checkbox"/> | <input type="checkbox"/> |

Common reasonable adjustments that may be available include:

- ☐ Modified assessment method (e.g. oral instead of written)
- ☐ Extra time during assessments
- ☐ Use of reader, scribe, or interpreter
- ☐ Assistive technology or software
- ☐ Modified or translated learning materials
- ☐ Flexible scheduling (due to medical, cultural, or religious needs)
- ☐ Accessible training environment (e.g. ramps, quiet space)

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> |
| <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> |



4. RPL & Credit Transfer - Sometimes previous study can be used as credit towards achieving units in your course.

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.

Please tick the appropriate box to indicate if you wish to talk to someone about RPL or CT.

Would you like to learn more about applying for Recognition of Prior Learning (RPL)? ☐ Yes ☐ No

Would you like to learn more about applying for Credit Transfer (CT)? ☐ Yes ☐ No

*All credit transfer applications will need to be supported by appropriate academic transcripts

5. Are you aware of learning outcomes of this course?

☐ YES ☐ NO

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.

- ☐ To get a job
- ☐ To develop or start my own business
- ☐ To try for a different career
- ☐ To get a better job or promotion

- ☐ 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



PRE-TRAINING REVIEW FORM

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 | | |
| Using the internet | | |
| Microsoft Word, creating new documents, saving files, can use cut, copy and paste functions etc.) and Excel | | |
| Communicating online using email and social media | | |

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 willfully 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.



PRE-TRAINING REVIEW FORM

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? | | |
| 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? | | |
| Literacy/Numeracy & Digital Skills | | |
| Considering the responses on their pre-training review form and the LLND assessment result, does the applicant currently have the appropriate level of literacy, numeracy and Digital skills to meet the requirements of their course of choice? | | |
| If Yes: The learning strategies and materials are appropriate to this learner | | |
| If No: With additional support is the applicant likely to be successful in them chosen course of study? | | |
| Enrolment in this course aligns with the student's capability. | | |
| Outcome of LLND assessment reviewed and incorporated into individual training plan | | |
| Adjustments agreed in consultation with learner and documented in ISAP | | |
| 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"/> | | |
| If Yes with assistance, Please Tick the appropriate statement | | |
| I confirm any adjustments recorded do not compromise competency outcomes. <input type="checkbox"/> | | |
| This qualification is the most suitable course and training option for the student because the applicant: (please tick the appropriate statements): | | |
| <input type="checkbox"/> Has completed other studies in this area | | |
| <input type="checkbox"/> Experience in the same Industry | | |
| <input type="checkbox"/> Can gain further skills to gain employment | | |
| <input type="checkbox"/> Can use the chosen course as an appropriate pathway for future studies | | |
| Comments: | | |

Staff Name: _____

Staff Signature: _____ Date: _____