



**PRE-TRAINING
REVIEW FORM**

RTO CODE: 40749

ABN: 42 163 146 978

Pre-training Review (PTR) Form

Purpose:

The purpose of conducting the Pre-training review is to:

- Ascertain a student’s aspirations and interests with due consideration to the likely job outcomes from the development of new competencies and skills.
- Ascertain a suitable, and the most suitable qualification for a student to enrol in, based on their existing educational attainment, capabilities, aspirations, and interests and with due consideration to the likely job outcomes from the development of new competencies and skills.
- Ascertain that the proposed training and assessment strategy and resources used are appropriate for an individual.
- Identify and assess the support needs and services that a student would require during their studies.

Instructions:

- This form must be completed by a prospective student who is seeking enrolment in the courses’ offered at Headway Education.
- Please carefully read the form and complete all the applicable sections.
- Please ensure that you have read and understood all the provided Pre-enrolment information.

Section A: Student Details

Title			
Student ID (if known)			
Surname (Legal Family Name)			
First Name (Legal Given Name)			
Middle Name (Legal Middle Name)			
Date of Birth			
Nationality			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex/Unspecified

Section B: Course Information

(Please select the course that you have applied for study at Headway Education)

<input type="checkbox"/> CHC43315 Certificate IV in Mental Health
<input type="checkbox"/> HLT47321 Certificate IV in Health Administration
<input type="checkbox"/> CHC53315 Diploma of Mental Health
<input type="checkbox"/> HLTAID011 Provide First Aid (Standalone unit of competency)
<input type="checkbox"/> HLTAID009 - Provide cardiopulmonary resuscitation (Standalone unit of competency)

Section C: PTR Questions and Student Declaration**1. What are your aspirations and interests?****As applicable, consider and document:**

- Career aspirations
- Interests
- Strengths
- Weaknesses
- Reasons for enrolling in the course, including expectations and objectives
- The likely job or further study prospects resulting from the completion of studies

2. Are you familiar with the proposed training and assessment strategy and resources used in the chosen course?

Yes No (If, no selected, Headway staff to provide relevant course information to the student)

3. Do you think that the proposed training and assessment strategy and resources used may pose potential issues/challenges/barriers to you?

Yes No

If yes, please specify:

Please consider and note:

- Special needs
- Disability
- Personal circumstances
- Preferred learning style
- Previously used methods of learning

- Adequacy/appropriateness of learning materials
- Additional support required

4. Please select from the list below the most appropriate reason for you to undertake the chosen course.

- 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 below)

5. What Headway Education's Support Services are you most likely to use during your studies?

- LLN support
- Academic support
- Employment Advice/guidance
- No support required
- Non-academic support (Physical, mental, personal support etc.)
- Other support services (Please specify below)

6. As you are aware that you may be required to complete the work placement hours or other associated practical components of the chosen course, is there anything that may prevent you from progressing through the training and assessment of the course? For example, physical injuries or language barrier etc.

- Yes No

If yes, please specify:

7. Are you aware of the learning outcomes of the chosen course?

- Yes No (If, no selected, Headway staff to provide relevant course information to the student)

8. Are you aware of the skills and knowledge required to work in the industry of your chosen course?

- Yes No

9. Are you currently employed including full-time, part-time, or casual employment?

Yes No

If yes, please provide the details below:

Position/Job Title: _____ Company/Business Name: _____

Company/Business Contact Details:

Phone: _____ Email: _____

Industry of work: _____

10. Please select from the list below the most appropriate learning style for you.

(You can select more than one learning style)

- Textbooks that I can read and refer to in my own time.
- Power Points explained to me during classes.
- Pictures and diagrams.
- Group discussions with others.
- Conducting my own research.
- Listening to the lectures/ trainers.
- Practical application of skills and knowledge in a workplace or similar or watching videos.
- Working through real examples such as a case study or scenario.
- Other (please explain below):

11. Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer (CT) for your chosen course?

Yes No

If yes, please complete the Recognition of Prior Learning or Credit Transfer Application form (available at our website www.headwayeducation.com.au) including the supporting documents to the Headway Education administration team for assessment.

12. Are you aware that you may be required to participate in NCVET or other surveys or interviews from different regulatory bodies?

Yes No (If, no selected, Headway staff to provide NCVET reporting information to the student)

13. Are you aware of the tuition fee and non-tuition fee applicable to your chosen course?

Yes No (If, no selected, Headway staff to provide relevant course information to the student)

14. Are you aware of the complaints and appeals policy and procedure at Headway Education?

Yes No (If, no selected, Headway staff to provide relevant policy and procedure to the student)

15. Are you aware of course attendance requirements, course progress requirements and training and assessment arrangements at Headway Education?

Yes No (If, no selected, Headway staff to provide relevant information to the student)

Student Declaration:

I agree that to the best of my knowledge all the information provided by me to Headway Education is true, authentic, and correct.

I agree that I have received, read, and understood Headway Education pre-enrolment information.

Student Name: _____

Signature: _____

Date: ____ / ____ / ____

Section D: To be completed by an authorised delegate of Headway Education

Instructions:

- Please review the information that a student has provided on this form. If the information provided is not sufficient, please seek clarification from the student.
- Please ensure that you consider all the submitted documents and information provided by the student before completing the Pre-training review outcome.

Pre-Training Review Outcome	YES	NO
Is the course chosen aligned to the students' objectives and aspirations?		
The student is fully aware of the course training and assessment arrangements i.e. attendance requirements, training and assessment methods, and any practical training requirements including the tuition fee and other charges?		
Have you identified any support needs of the student during the process? If yes, please provide details:		
Training and assessment strategy is suitable and based on the student's learning needs and learning styles? If no, please provide below the details of adjustments required:		
Is the chosen course suitable and most suitable for the student based on their achievements, career history, experience, goals, objectives, capabilities, and career aspirations?		

Other comments (if applicable):

Authorised Delegate Details:

Full Name:

Position/Job Title:

Signature:

Date:

____ / ____ / ____