

This form must be completed for each student prior to the finalisation of enrolment. The information provided will be used to determine the most suitable course for the applicant and ensure that the course is aligned to the particular skills and jobs the applicant wishes to achieve after completion.

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 form may be filled in by an RTO staff member where they document the responses provided by the student. The entry interview may be filled in face to face or over the phone.

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"/> Certificate III in Early Childhood Education and Care (CHC30121) <input type="checkbox"/> Certificate III in Individual Support (CHC33021) <input type="checkbox"/> Certificate IV in Ageing Support (CHC43015) <input type="checkbox"/> Certificate IV in Disability Support (CHC43121) <input type="checkbox"/> Diploma of Early Childhood Education and Care (CHC50121) <input type="checkbox"/> Diploma of Community Services (CHC52021)
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/s you would like to enroll in?	
6. What is your learning style and how do you like to learn? <i>NOTE: You may also learn best through a combination of methods or through options not listed above. Those listed have been provided as examples.</i>	<input type="checkbox"/> Visual – Learn best through pictures, diagrams, watching etc. <input type="checkbox"/> Hands on – Learn best through practicing, role plays, simulations etc. <input type="checkbox"/> Reading – Learn best through research, reviewing text books, reading notes etc. Other:

SECTION B – Questions to be asked of the student

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<p>7. What learning materials and strategies will assist you to learn best? Tick as many as apply.</p>	<p> <input type="checkbox"/> Textbooks that I can read and refer to in my own time <input type="checkbox"/> PowerPoints and handouts explained to me during classes <input type="checkbox"/> Pictures and diagrams <input type="checkbox"/> Group discussions with others <input type="checkbox"/> Online materials that I can access and complete when I need to <input type="checkbox"/> Conducting my own research <input type="checkbox"/> Practical application of skills and knowledge in a workplace or similar <input type="checkbox"/> Working through real examples such as a case study or scenario <input type="checkbox"/> Other (please explain): </p> <hr/> <hr/>
<p>8. What support do you think you will need in order to complete this course successfully?</p>	<p> <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: </p> <hr/> <hr/>
<p>9. Are you currently working in the industry for which you are seeking training for?</p>	<p> <input type="checkbox"/> Yes – continue with the below questions <input type="checkbox"/> No a) If answered Yes to the above, what is the name of your workplace? <hr/> b) Will your employer support you in a workplace-based training program to allow you to use workplace resources and allow your trainer/assessor to visit you in the workplace (if required)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) If Yes, what is the name of your supervisor? <hr/> </p>

SECTION B – Questions to be asked of the student

<p>10. Have you ever worked in the industry in which you are seeking training in?</p> <p>This will help us determine if RPL or RCC is a suitable option for you.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please outline what role you had, when you worked in the industry and how long for.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will the student be applying for RPL? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. What other information do you think would be important for us to know to ensure we can meet your needs or that may support your application for enrolment into this course?</p>	
<p>12. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the applicant must supply certified copies of their transcripts.</p>
<p>13. Ask the student to complete the LLN assessment for the most relevant proposed course.</p>	<p>LLN Outcome:</p> <p><input type="checkbox"/> Has demonstrated they have the required level of LLN to enable them to complete the course successfully with minimal support in this area required.</p> <p><input type="checkbox"/> Does not have a sufficient level of LLN skills and may require extensive additional support to complete this course successfully.</p> <p><input type="checkbox"/> Has demonstrated they may require additional support with LLN and I am able to provide this.</p>

SECTION C – For courses that include an online or digital component		<input type="checkbox"/> Not applicable			
14. Do you have regular access to a computer and internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, discuss solutions and strategies for accessing online content when needed and document here. <hr/> <hr/> <hr/> <hr/>				
15. Approximately, how often do you use a computer and/or the internet?	<input type="checkbox"/> 3 hours or more a day <input type="checkbox"/> Less than an hour each day <input type="checkbox"/> A couple of times a week <input type="checkbox"/> Once a week <input type="checkbox"/> A couple of times a month <input type="checkbox"/> Never/ rarely Note: Students who answer A couple of times a month or never/rarely – should be referred to a digital literacy assessment.				
Please tick in the relevant column based on your ability		I can't do this	I can do this with support	I can do this on my own	I can teach others
I can turn on and login to a personal computer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can send an email		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can navigate to a website to locate required information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can create folders and subfolders and rename them as required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find information using an internet search engine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can attach documents to an email		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can save emails in different folders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can login to an online system and follow prompts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How often do you use social media?	<input type="checkbox"/> Every day <input type="checkbox"/> A couple of times a week <input type="checkbox"/> Once a week <input type="checkbox"/> A couple of times a month <input type="checkbox"/> Never/ rarely Note: Students who answer A couple of times a month or never/rarely – should be referred to a digital literacy assessment.				

SECTION D – OUTCOME OF ENTRY INTERVIEW

To be completed by RTO representative

<p>17. Are any of the courses provided by the RTO suitable for the student?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional information required. Please detail:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>18. If Yes, which course is suitable for the student and why?</p>	<p>Course: _____</p> <p>Delivery mode:</p> <p><input type="checkbox"/> Classroom based <input type="checkbox"/> Workplace-based /traineeship</p> <p><input type="checkbox"/> Online <input type="checkbox"/> Blended</p> <p>Reasons for suitability:</p> <p>_____</p> <p>_____</p>
<p>19. What additional support will be provided to the student in order to ensure they are able to complete their program successfully?</p>	<p>_____</p>
<p>20. For courses that contain an online or digital component, do the responses provided to Questions 14 – 16, demonstrate that the student has the skills and resources to appropriately participate in the course?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Other comments and notes

Staff member declaration

For students who are suitable for enrolment, I confirm that I have explained and the student has received:

- ☐ Course outline including detailed information about the course and arrangements for delivery
- ☐ Process for applying for RPL and Credit Transfers
- ☐ Fees information
- ☐ Student Handbook

Staff member Name:		Position:	
Signature:		Date:	