

PRE-TRAINING REVIEW

The following Pre-Training Review is required to commence training with 4 Up Skilling. By answering the below questions as accurately as possible you will be assisting our Trainers to identify whether you are enrolling in the most suitable course. If required, it will also enable us to begin sourcing appropriate support / resources to ensure your success. These questions may be completed orally with your course coordinator.

PART A. PRELIMINARY QUESTIONS (Suitability)

Applicant Name			
Applicant Email		Phone No.	
Please list the course you are wanting to study:		Mode of Study	
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Please tick where relevant:*			
I wish to do this training to enhance my skills for a new/current job role.			<input type="checkbox"/>
I wish to undertake this training to further my education.			<input type="checkbox"/>
I wish to undertake this training to gain employment			<input type="checkbox"/>
I am a disadvantaged learner (i.e. remotely located; learning disability; Aboriginal or TSI etc.)			<input type="checkbox"/>
Write a paragraph explaining your aspirations and interests			
<i>(What are your reasons for enrolling in the course, including your expectations, career/work aspirations and interests, hopes for further study prospects etc.)</i>			

Please list your prior & current employment and/or work experience			
Position	Employer	hrs/week	Dates employed
Please list your workplace Training Support person			
<i>(This is the person who will support you with your training and assessments in your workplace)</i>			
Name	Phone number	Email	
Please list your prior & current educational attainments			
Course name	Provider	Date completed	
Recognition			
Credit Transfers - Do you wish to apply for recognition for prior training you have completed?			<input type="checkbox"/> No <input type="checkbox"/> Yes
RPL (Recognition of Prior Learning) – Do you wish to apply for formal recognition towards a qualification using your previous relevant qualifications, or experience?			<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you answered YES, a Course Coordinator will be in contact with you to discuss possible recognition opportunities, including Credit Transfers, RPL and RCC.</i>			

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Your Digital Literacy:

Do you have access to a computer or mobile device? ☐ Yes ☐ NO

Do you have access to the internet? ☐ Yes ☐ NO

If yes, is it available: At home ☐ At work ☐ Another reliable place ☐

How confident to you feel using a computer? Score yourself between 0 & 5.

☐ ☐ ☐ ☐ ☐ ☐
 --- 0-----1-----2-----3-----4-----5----- (5 being very confident and 0 not at all)

Please complete the self-assessment checklist below.

How often do you:

Create, edit & save documents?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Use email to communicate and share ideas?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Use chat rooms and social media?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Text message?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Use an electronic calendar or reminders?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Scan documents?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Create spreadsheets?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Research information on the internet?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly

Other information:

Please list any other information you feel may be a potential barrier or challenge for you during your training? All information is treated with confidentiality and for the sole purpose of ensuring you are supported. (e.g. financial hardship, personal circumstance, disability, health or special needs)

PART B. LANGUAGE, LITERACY & NUMERACY ASSESSMENT

Directions to the Applicant:

Your Language, Literacy & Numeracy (LLN) Assessment must be completed prior to enrolment & must be completed on your own to determine if you have the LLN skills to suit the program of study. **A link to your online LLN Assessment will be sent via email.**

A trainer will assess the results of this review and your LLN Assessment and provide feedback. If your results are not satisfactory, it will enable 4 Up Skilling to source appropriate resources to support you or make recommendations of alternative study options available to you. If you need support to complete this form, please discuss your needs with a Coordinator. All aspects of this assessment and application are confidential.

If you have not received your LLN assessment link, please email info@4upskilling.com.au