

# Pre-Training Review (Business / IT)

The Pre-Training Review (PTR) is conducted prior to the enrolment into your course of studies to ensure that the training and assessment provided by Royal Gurkhas Institute of Technology (RGIT) Australia is able to meet the student's individual needs and their host workplace requirements (if applicable).

Before we make an offer, RGIT Australia is required to conduct a review of a student's current competencies, including their literacy and numeracy skills, in order to enroll them in the most appropriate course to achieve their intended outcomes.

The PTR ensures that RGIT Australia:

- understands the student's reasons for undertaking the course,
- ensures the suitability of the training to the student's
- understands the student's current competencies and therefore provides opportunities for these to be assessed through Recognition of Prior Learning (RPL), Recognized Current Competency (RCC) and/or Credit Transfer (CT)
- ensures the student's Language, Literacy and Numeracy skills suit the training and assessment strategies employed to deliver the course, and
- provides the relevant support required for the student to succeed in the course.

**Please Note:** The PTR assessment can be conducted and completed by the prospective student under the supervision of an authorised RGIT Australia representative. Part of this form may be completed by assessing the student application and supporting documents submitted.

<b>Qualification Applying For:</b>	
<b>Student Name:</b>	
<b>PTR Conducted Via:</b>	<input type="checkbox"/> Face to face <input type="checkbox"/> Telephone: _____

## A. Course and Unit Information and Job Outcomes/Pathways from the Course

### 1. Provide details about the course and unit information.

Do you have an understanding of the course outline and the training program? Please refer to the student prospectus on RGIT Australia's website at [www.rgit.edu.au](http://www.rgit.edu.au).

Yes  No

Do you think this course will improve your future career/education prospects?

Yes  No

If yes, what are the reasons?

### 2. Provide details about the potential job outcomes and pathways.

Do you hope to work in the industry of your course after you graduate?  Yes  No

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If yes, please specify how this course will assist you to achieve your career goal?

## B. Competencies previously acquired

3. Do you have any work experience related to this course?  Yes  No If yes, please specify:

4. Do you have any previous qualifications related to this course?  Yes  No If yes, please specify:

5. What is your highest qualification? \_\_\_\_\_

6. If the qualification for which you are applying is lower than your highest qualification as specified above, please state the reason(s) why you plan to undertake this course.

7. **RPL (Recognition of Prior Learning)** is a form of assessment that recognises skills and knowledge gained through formal training conducted by industry or education, work experience and life experience.

Would you like to apply for RPL?  Yes (please fill RPL Application Form)  No

8. **CT (Credit Transfer)** a system whereby successfully completed units of competency contributing towards a degree or diploma can be transferred from one course to another.

Would you like to apply for CT?  Yes (please fill CT Application Form)  No

## C. Mode of study/learning style

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**9. Thinking about how you best learn, which method is best for you?**

- Classroom face to face
- Workplace experience
- Online learning
- Mixed-mode of online learning and face to face

**10. When you have been taught previously, which methods suit you the best?**

- Demonstration
- Role-plays
- Written instructions, essay, written responses to short answer questions
- Oral questions / interview / Discussions
- Computer based learning and research
- Projects / assignment
- Group activities, working as part of a team

**D. Learning needs – Language, Literacy and Numeracy (LLN)**

**The students' LLN level and needs are assessed using the prescribed testing method.**

The following are a series of questions to ask the student, which supplement the prescribed testing to provide a holistic perspective of the students' needs and to recommend appropriate LLN, learning or other specific support arrangements.

**11. At school and/or at work, have you had any difficulties in any of the following skills or do you require any support? Speaking/Listening**  Yes  No

Please tick any specific English-speaking issues you have

Pronunciation/accent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grammar	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocabulary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fluency	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Reading**  Yes  No

Please tick any specific English reading issues you have

Definitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Punctuation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grammar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Writing**  Yes  No

Please tick any specific English writing issues you have

Forming letters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Punctuation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grammar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spelling	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Mathematics**  Yes  No

Please tick any specific numeracy issues you have.

Percentages	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiplication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subtraction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Addition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of a calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fractions	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Measurement <input type="checkbox"/> Yes <input type="checkbox"/> No	Mathematical Symbols <input type="checkbox"/> Yes <input type="checkbox"/> No
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## E. Computer and Internet skills

The following are a series of questions to ask the student, to 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 and research and recommend appropriate support arrangements.

12. **Do you have regular access to computer devices and the internet?**  Yes  No

If no, please specify how/where you intend accessing the internet?

13. **Do you use MS Office applications, e.g. Microsoft Word, Excel etc.?**  Yes  No

If yes, how would you rate your skills:

- a. **Beginner** (i.e. creating new documents, saving files, can use cut, copy and paste functions etc.)
- b. **Intermediate** (i.e. can generate graphs and use scaling options and most of functions)
- c. **Expert** (i.e. can use all functions in MS-Office)

14. **Do you have any difficulties using search engines such as google and using internet in general?**

Yes  No If yes, please specify:

## F. Participation and training

The training and assessment pertaining to your course of study may involve areas outside of classroom activities/practical components, e.g. *students undertaking Cookery courses may need to come in contact with meat products etc.* Please specify, if you have any concerns relating to your course of study:

## G. Industry Knowledge Questions

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15. Calculate the total number of accidents that would be reported in one year, if the venue reported 5 workplace accidents every quarter.

Total = \_\_\_\_\_

16. Other than the CAPS LOCK key, which keyboard key can you use to insert uppercase letters in a document? (Circle the correct answer)

- Shift
- Alt
- Ctrl
- Esc

17. This sentence has many mistakes. Re-write the sentence with the correct spellings and grammar.

*I am not abel to work my morning shift next Thursday as I have an apointment with the docter. i will be able to do the late shift that day if you want me to swap with sumone elze.*

18. From the below list circle four basic hardware parts of a computer:

- CPU
- Knife
- Monitor
- TV
- Mouse
- Keys
- Keyboard
- Wire

19. Sarah's house is 7 kilometers from the train station. Each weekday (Monday – Friday) she makes two return trips the train station to take her husband to work. How far does Sarah drive each week?

## H. Student Declaration

I declare the information I have given through my responses are true and accurate to the best of my knowledge and I have not willfully suppressed any information. I understand that RGIT Australia may refuse, vary, reverse or terminate my enrolment, on the basis 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 RGIT Australia immediately, and in the event, that I fail to do so, I may be liable for any additional costs incurred. I also acknowledge that I have been provided an opportunity to ask questions.

Student Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

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## OFFICE USE SECTION

### Pre-Training Evaluation (Please Tick)

	Yes	No
Understands course and unit information	<input type="checkbox"/>	<input type="checkbox"/>
Enrolment in this course is aligned with the student's work/career plans	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate work experience and level of skill and ability to undertake this course successfully	<input type="checkbox"/>	<input type="checkbox"/>
Student is eligible for RPL/CT	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate proposed assessment modes, methods and learning styles (refer to TAS)	<input type="checkbox"/>	<input type="checkbox"/>
Student requires additional LLN or other support to participate in the proposed course	<input type="checkbox"/>	<input type="checkbox"/>

### Recommendation:

Based on the information provided above:

**Enrolment to proceed:**  Yes  No

**Enrolment to proceed with adjustments/conditions:**  Yes  No

Area requiring assistance/recommendation for support or adjustment (if any):

*If additional assistance/recommendation for support or adjustment is identified, please ensure proper processing to the Student Services/Academic Departments.*

### Staff Signature:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return this completed Student Application Form to:

Street Address: **28-32 Elizabeth Street, Melbourne, VIC 3000, Australia**  
 Postal Address: **GPO Box 5466 Melbourne VIC 3001**  
 Phone: **+61 3 8639 9000** Fax: **+61 3 8639 9001**  
 Email: [admissions@rgit.edu.au](mailto:admissions@rgit.edu.au) Web: [www.rgit.edu.au](http://www.rgit.edu.au)

### Office Use only

Student File No. : \_\_\_\_\_  
 Offer Number : \_\_\_\_\_  
 Application assessed by : \_\_\_\_\_