

Student Interview Form

Student Name		Student Number	
Qualification Code and Name			
Mailing Address			
Phone		Email	
Interview Date:		Interview Time:	
Credit Transfer (If Yes List units)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recognition of Prior Learning (If Yes List units)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enrolment Procedure and Policy Discussed		Yes <input type="checkbox"/>	
Learning Needs Identified Yes <input type="checkbox"/>		<input type="checkbox"/> Other (Please Detail)	
<input type="checkbox"/> Vision <input type="checkbox"/> Literacy <input type="checkbox"/> Wheelchair access			
Anticipated Qualification Start Date		Anticipated Completion Date	
What are the main subjects in this course that you are interested in? Why?			
What will you do with this qualification? What type of work do you expect to be able to do when you have finished?			
Will this job give you opportunities for advancement at your current job, fill gaps in your knowledge at your current job OR better employment opportunities if unemployed?			

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<p>IF UNEMPLOYED, what type of work are you seeking? Have you done this type of work before? IF EMPLOYED, what type of work do you do right now.</p>	
<p>Looking at each of the subjects in the course:</p> <ul style="list-style-type: none">• Are there any that you are already an expert in or have previous qualifications covering?• Are there any they you may have particular difficulty with?• Are there any that you may need to have some adjustment to, in order to suit your industry or workplace?• Are there any that you may need to have some adjustment to, in order to suit your learning style or individual needs?	
<p>Course Appropriate to Learner Needs Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please describe alternative Course and give reasons</p>	
<p>Actions Required / Recommendations</p> <p>Special Needs Form attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Course Adviser / Interviewer Name</p> <p style="text-align: center;">Position</p>	

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Course Adviser / Interviewer Sign	Date
Candidate Sign	Date

If special needs form completed, please attach this interview form to the special needs form and forward it to the Training Manager for action. A Copy of this form is to be kept in the Student File



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