



AGB TRAINING PRE-TRAINING REVIEW FORM (DOMESTIC)
RTO 21832

Website: WWW.AGB.EDU.AU Phone: 1300 123 242 Correspondence: PO BOX 1284, Geelong, Vic, 3220

PROPOSED LEARNER DETAILS

Full Name

Contact Phone no

Contact Email

Proposed Course Name.....
.

INFORMATION AND INSTRUCTIONS

- This form will assist AGB staff to determine whether this course is the most suitable one for you at this time, and will also help to identify any support needs you may have prior to you commencing studies.
- The form must be completed and returned at least one week prior to your scheduled commencement date. (Except licence short courses must be completed prior to booking)
- You can print the form, complete it and email it back to your course contact person or bring it with you to your course pre-enrolment session.

RECOGNITION OF PRIOR LEARNING (RPL)?

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Have you previously gained work skills/experience, or other like skills/experience that might be used to provide recognition of prior learning (RPL) towards the course? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes would you like to apply for recognition of prior learning (RPL)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, Authorised delegate has spoken with proposed learner and completed required documentation.

CREDIT TRANSFER (CT)

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Have you previously undertaken Formal Learning that you think might be used to provide credit (CT) towards this towards the course? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

If yes, Authorised delegate has spoken with proposed learner and completed required documentation.



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SUITABILITY OF THIS COURSE FOR YOU

To determine whether this course is the best suited for you to undertake at this time, we need to know about your career goals and your education history. After you submit your application, a representative from the course area will contact you to discuss this further.

Why would you like to enrol in this course?

What skills and knowledge are you hoping to gain from completing this course?

Are there any other courses you are thinking of doing?



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| What employment or outcome/s are you hoping to attain after completing this course? | <input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> Requirement for my current employment <input type="checkbox"/> I'm exploring career options <input type="checkbox"/> I'm an apprentice or a trainee <input type="checkbox"/> I want to learn more in this area for personal interest <input type="checkbox"/> It gives me useful skills that may help me to find work <input type="checkbox"/> Other – Please specify below |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

LANGUAGE LITERACY AND NUMERACY

You will be required to complete a Language Literacy and Numeracy assessment prior to enrolment to determine your LLN skills and any relevant support you may require.

TECHNOLOGY

| | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Do you regularly use any of the following? Tick all that are applicable | <input type="checkbox"/> Desktop or notebook computer <input type="checkbox"/> Tablet or Smart phones <input type="checkbox"/> Internet <input type="checkbox"/> Applications such as Microsoft Word, Excel or Power Point <input type="checkbox"/> Other – Please list below | |
| | Are there any other Digital Technologies that you use? | |
| Have you ever completed any courses or learning programs online? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have access to a computer and the internet? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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ADEQUATE INFORMATION PROVIDED

To enable you to make an informed decision about whether or not to proceed with your proposed course application, you should have access to all the information below. If 'YES' you have the information you need please tick the relevant box. If you do not tick the 'YES' box for any item, an AGB Representative will contact you to provide you with the information you requested.

| ADEQUATE INFORMATION PROVIDED | WHERE TO FIND THIS INFORMATION |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COURSE INFORMATION | |
| <input type="checkbox"/> Entry requirements for your proposed course <input type="checkbox"/> Content of your proposed course <input type="checkbox"/> Duration of your proposed course <input type="checkbox"/> Training site at which classes will be conducted <input type="checkbox"/> Whether or not your course includes a work placement <input type="checkbox"/> Any licences or registrations that you must hold for work placement or for employment after your course is finished <input type="checkbox"/> Delivery method (i.e. class/workshop based, distance/online or a combination) <input type="checkbox"/> How assessment will be conducted during your course <input type="checkbox"/> Any materials or protective clothing you must supply <input type="checkbox"/> Any other organisation that will be involved in providing training or assessment in your course <input type="checkbox"/> The requirements for you to undertake an assessment of your language, literacy and numeracy (LLN) skills before enrolment to determine any support needs you may have during your study. | Course information pack or course brochure or student handbook visit www.agb.edu.au and search for your course information on the web page |
| SERVICES, FACILITIES, COMPLAINTS AND APPEALS | |
| <input type="checkbox"/> Disability support services <input type="checkbox"/> General student support | http://www.agb.edu.au/compliance |
| <input type="checkbox"/> Facilities and services available on Training sites (E.g. Wi-Fi, computers or parking) | http://www.agb.edu.au/international-students |
| <input type="checkbox"/> AGB Training's complaints and appeals management process | http://www.agb.edu.au/compliance |
| FEE INFORMATION & PAYMENT SCHEMES | |
| <input type="checkbox"/> Eligibility to access Victorian Government funding for your course <input type="checkbox"/> Resources and text <input type="checkbox"/> Payment schemes that may assist in paying your fees <input type="checkbox"/> AGB Training refund policy | http://www.agb.edu.au/local-training-courses/enrol |

I acknowledge that I have received and understood the above information to make an informed decision on the proposed course being the most suitable for me.

| | | | | | |
|---------------------|--|-------------------|--|--------------|--|
| Student Name | | Signature: | | Date: | |
|---------------------|--|-------------------|--|--------------|--|



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OFFICE USE ONLY - AUTHORISED DELEGATE

| | |
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| <p>I can confirm that access to high quality courses and qualifications will be provided to Eligible individuals by AGB Training so as to: (5.5a -3.1b)</p> | <ul style="list-style-type: none"><input type="checkbox"/> Enable Eligible Individuals to obtain the required skills to make them job-ready<input type="checkbox"/> Assist Eligible Individuals to undertake further education; and/or<input type="checkbox"/> Promote/enable access to training for disadvantages learners |
| <p>I have determined the selected qualification is both suitable for the student, and the most suitable training option for the student for the below reasons: (5.5bi)</p> | |
| | |
| <p>I have determined that the proposed learning strategies and materials are appropriate for the below reasons (5.5bii)</p> | |
| | |

| | | | | | |
|---------------------------------|--|-------------------|--|--------------|--|
| Authorised delegate name | | Signature: | | Date: | |
|---------------------------------|--|-------------------|--|--------------|--|



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| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Confirm additional information provided to applicant as requested | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Review suitability of applicant for the course based on information provided by the applicant in the PTR and information about the proposed course as published on the AGB Training website. | <input type="checkbox"/> Yes | |
| Refer copy of applicant PTR to Manager/course coordinator for RPL/Credit Transfer consultation prior to enrolment | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| On completion of LLN assessment | | |
| Have the applicants Pre-Training review demonstrated that they have an appropriate level of Language, Literacy and Numeracy for the course they are seeking to enrol in? (If yes skip the next question) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No - Will the applicant require any additional support to complete the qualification? Please provide a brief description of what will need to be implemented. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Additional one on one time with trainer/assessor <input type="checkbox"/> A support person provided by their place of referral <input type="checkbox"/> Material provided in another language <input type="checkbox"/> Referral to another agency <input type="checkbox"/> Enrolment in a foundation skills unit to assist with increasing their core skills to the required level for the qualification <input type="checkbox"/> Other (please state) | | |
| Will the applicant require any reasonable adjustments to learning and assessing to be successful in achieving their goal? (If Yes – Please indicate below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Amendments to learning material <input type="checkbox"/> Reasonable adjustments to assessment material <input type="checkbox"/> Extensions on assessment due dates <input type="checkbox"/> Other (please state) | | |
| Will the applicant be offered a place? (Tick the relevant box, otherwise specify in other below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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| | | |
| <input type="checkbox"/> Meets the entry requirements of the course <input type="checkbox"/> Is a good pathway for the student to achieve their desired outcome <input type="checkbox"/> Will provide the student with recognised skills and knowledge for the industry they are wishing to achieve employment in <input type="checkbox"/> Will provide the student with recognition for their current skills and knowledge <input type="checkbox"/> Other (please state) | | |
| | | |
| | | |
| | | |
| Will the student gain from completing this course?(Tick the relevant box, otherwise specify in other below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Skills and knowledge for their chosen field <input type="checkbox"/> Formal recognition of their current skills and knowledge <input type="checkbox"/> The opportunity to advance to further study for their chosen pathway <input type="checkbox"/> Other (please state) | | |
| | | |
| | | |
| Communicate admission decision to the Enrolment Coordinator or person responsible for sending offers to successful applicants. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | | |
|-----------------------------------------|--|-------------------|--|--------------|--|
| Enrolment Officer/ Delegate Name | | Signature: | | Date: | |
|-----------------------------------------|--|-------------------|--|--------------|--|

This completed form to be stored with the application admissions checklist, and any other relevant documents in the course file.

For those who subsequently enrol, the forms must then be placed in the student file.