

Student Name:

This form must be completed and returned to training@zokal.com.au prior to course attendance

PRE-ENROLMENT QUESTIONNAIRE – To determine students suitability for entering into the course

QUESTION	POSSIBLE ANSWERS-Please tick <input type="checkbox"/> applicable answer	COMMENTS
Why have you decided to enrol into this course?	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop new skills <input type="checkbox"/> Work in the industry currently <input type="checkbox"/> Want to develop my existing skills	
What level is your current skills and knowledge of the course you wish to enrol?	<input type="checkbox"/> <i>Limited Experience</i> - I am new to the industry <input type="checkbox"/> <i>Some Experience</i> - I have worked in the industry for 1-3 years <input type="checkbox"/> <i>Intermediate Experience</i> - I have worked in the industry for 3-6 years <input type="checkbox"/> <i>Extensive Experience</i> - I have over 6 years' experience in the industry	
What is your expectation upon completion of training?	<input type="checkbox"/> To get a job <input type="checkbox"/> To get a pay rise <input type="checkbox"/> To be able to apply for a higher position <input type="checkbox"/> To get a better job <input type="checkbox"/> To learn new skills	
Are there any specific training needs you may have?	<input type="checkbox"/> I may require flexibility in my training to meet my personal needs <input type="checkbox"/> I may require adjustment to training to meet my learning needs <input type="checkbox"/> I have a disability and would like further assistance <input type="checkbox"/> I do not have access to materials and equipment to assist with my learning and assessment <input type="checkbox"/> I may need adaptive technology or specific equipment to assist with my learning <input type="checkbox"/> I have a cultural need and training may need to be adapted to meet my needs <input type="checkbox"/> I would like to be referred to a support service to assist me with my learning (ie language and literacy) <input type="checkbox"/> I have a physical disability and may need the training and assessment environment to be adjusted <input type="checkbox"/> I have difficulty with language, literacy and/or numeracy and may need some assistance <input type="checkbox"/> I have financial difficulties and would like to negotiate a payment plan	
We provide a range of Support Services for our students, are there any special needs that you need help with?	<input type="checkbox"/> I may need equipment to be modified due to physical disability (eg. Ramps, disability toilets and classes held in rooms accessible to persons with disabilities) <input type="checkbox"/> I may need equipment to be modified to assist my learning (eg. lowering benches, enlarging computer screens, providing chairs with support) <input type="checkbox"/> I may need assessment tools to be modified to assist with my disability (eg. Oral exam instead of written or allowing additional time for a scribe to write an exam for person with a disability) <input type="checkbox"/> I may need the course delivery to be adjusted, as I have a disability or a personal need (eg. Providing student notes or research materials in different formats or by accessing a Sign Language Interpreter) <input type="checkbox"/> I may need assistance from disability organisation that represents or provide services to people with a disability <input type="checkbox"/> English is not my first language, I will need assistance with language <input type="checkbox"/> I am currently working and would like to complete assessments within the workplace <input type="checkbox"/> I will need support with my learning <input type="checkbox"/> I will need specialist support equipment or personnel <input type="checkbox"/> I am interested in undertaking tutorials to assist with my learning <input type="checkbox"/> I will need assistance with using technology <input type="checkbox"/> Referral to LLN training or assistance	
We offer Recognition of Prior Learning and Credit Transfer, are you interested in applying for either of these?	<input type="checkbox"/> RPL – Need to explain to the student what is the RPL process and the type of evidence that will need to be collected <input type="checkbox"/> CT – Student currently holds an equivalent unit	
Office Use Only	<input type="checkbox"/> LLN testing required prior to course commencement <input type="checkbox"/> Reasonable adjustment. Please state specific needs <input type="checkbox"/> RPL/CT granted <input type="checkbox"/> Mode of delivery suitable for candidate <input type="checkbox"/> Selection criteria met existing skills and knowledge of student	