



Pre-enrolment Check

This form must be completed by the student or their elected representative. It is also mandatory to complete this form before a student COE is created. You are required to complete all sections of this form except where it says, 'only if applicable'.

Applicant Name:		Title:	
Reviewer Name:			
Date of review:			
Review method:	Face-to-face interview <input type="checkbox"/> Phone interview <input type="checkbox"/> Document review <input type="checkbox"/> Enrolment form <input type="checkbox"/> CoE <input type="checkbox"/> English language test <input type="checkbox"/> Qualifications <input type="checkbox"/> GTE		
Course being applied for:	<input type="checkbox"/> Certificate III in Business	<input type="checkbox"/> Advanced Diploma of Business	
	<input type="checkbox"/> Certificate IV in Business	<input type="checkbox"/> Diploma of Project Management	
	<input type="checkbox"/> Diploma of Business	<input type="checkbox"/> Advanced Diploma of Program Management	
Purpose:	<input type="checkbox"/> Customer service advisor <input type="checkbox"/> Data entry operator <input type="checkbox"/> General clerk <input type="checkbox"/> Payroll officer <input type="checkbox"/> Typist <input type="checkbox"/> Word processing operator <input type="checkbox"/> Administrator <input type="checkbox"/> Project Officer <input type="checkbox"/> Supervisor <input type="checkbox"/> Administrative Supervisor		

Purpose (continued):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Program Consultant <input type="checkbox"/> Project Manager <input type="checkbox"/> Project Leader <input type="checkbox"/> Project Team Leader <input type="checkbox"/> Senior Administrator <input type="checkbox"/> Senior Executive <input type="checkbox"/> Senior Project Manager <input type="checkbox"/> Senior Project Leader <input type="checkbox"/> Project Team Leader/Manager <input type="checkbox"/> Other, please specify: <hr/> <hr/>	
Individual needs:	<input type="checkbox"/> Educational needs _____ <input type="checkbox"/> Physical needs _____ <input type="checkbox"/> Medical needs _____ <input type="checkbox"/> Language needs _____ <input type="checkbox"/> Any other needs, please specify: <hr/>	
English language proficiency: IELTS of 5.5 required or equivalent	<input type="checkbox"/> Test of English as a Foreign Language (TOEFL) <input type="checkbox"/> International English Language Testing System (IELTS) <input type="checkbox"/> Other Form of Testing which Satisfies the Institution <input type="checkbox"/> Cambridge English: Advanced (CAE) <input type="checkbox"/> Pearson Test of English (PTE) Academic English test score _____ <input type="checkbox"/> None: Student will sit in college level English Placement test on orientation day	
RPL/RCC: Does the applicant indicate they wish to apply for credit transfer or RPL?	<input type="checkbox"/> RPL <input type="checkbox"/> Credit Transfer Note: You will have to fill-in another form if you are applying for RPL or Credit Transfer. Please check with college Student Services Officer for more details regarding this.	
Unique student identifier: (only if applicable)		
For office use only:		
Decision:	Is RPL / Credit Transfer being sought?	
	Does this document provide information on why the student is wishing to study this course(s)?	

	Does this document provide information on what the student is hoping to achieve from this course(s)?		
	Does this student have the required LLN skills to undertake this course(s)?		
	Does this student have the digital capability to undertake this course(s)?		
	Does the student have the pre-requisites (if relevant) listed for this course(s)?		
	Does the student have sufficient experience, knowledge and understanding of course requirements to be able to undertake this course(s)?		
Reviewer Name, Signature and Job Title:			