

Pre-Training Review Evaluation

STUDENT TO COMPLETE AS PART OF THE ENROLMENT OR PRIOR TO COURSE COMMENCEMENT

The Victorian Government, with the Commonwealth Government, is directly responding to the coronavirus (COVID-19) pandemic by fully funding three Infection Control Skill Sets (Skill Sets) for training providers to deliver to customer-facing employed workers.

For each Skills First student, Box Hill Institute (BHI) must conduct a Pre-Training Review, as part of enrolment, or prior to the commencement of training, to ascertain if an individual is eligible for government funded National Infection Control Skill Sets (Skill Sets).

Student's Legal Name:	<input type="text"/>		
Student's Date of Birth:	<input type="text" value="dd/mm/yyyy"/>	Age:	<input type="text"/>
		BHI/CAE Student ID No.	<input type="text"/>
Have you ever enrolled at Box Hill Institute before? Yes <input type="checkbox"/> No <input type="checkbox"/>			

1. What is your highest qualification? (full title)
Your highest qualification was issued* in Australia <input type="checkbox"/> Overseas <input type="checkbox"/>
If overseas, was the course completed in English language?* Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed Language, Literacy and Numeracy (LLN) test at another TAFE in the last 5 years?* Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>*Please upload certified copies of your certificate and statement of results listing subjects completed or your LLN document. See How to have a document certified for instructions and a list of people who can certify your document/s. ^You will be contacted by a staff member to discuss the LLN requirements.</small>

2. To receive Victorian and Commonwealth government funding, an individual cannot enrol in more than one Infection Control Skill Sets and must be currently employed in customer facing role. AS APPLICABLE, YOU MUST ANSWER ALL THE QUESTIONS
a) I have not previously completed the Skill Sets I am seeking to enrol in <input type="checkbox"/>
b) I have not previously completed any of the three Skill Sets listed in question 3 <input type="checkbox"/>
c) I am currently employed in a customer facing role <input type="checkbox"/>
<small>If you have completed one or more of the Skill Sets listed in question 4 previously, you are not eligible to participate in the government funded National Infection Control Skill Sets. You can, however, enrol as a full fee student.</small>

3. National Skill Sets Code/Title	Tick the Skill Sets box you are enrolling in (one box only)
HLTSS00066 - Infection Control Skill Set (Food Handling)	<input type="checkbox"/>
HLTSS00065 - Infection Control Skill Set (Retail)	<input type="checkbox"/>
HLTSS00067 - Infection Control Skill Set (Transport and Logistics)	<input type="checkbox"/>
National Unit Code/Title	HLTINFCOV001 Comply with infection prevention and control policies and procedures
Date of Program Commencement:	

National Skill Sets Code/Title	Tick the Skill Sets box you are enrolling in (one box only)
HLTSS00064 – Infection Control Skill Set (Disability/Individual Support Care Sector and/or the Aged Care Sector)	<input type="checkbox"/>
National Unit Code/Title	HLTINF001 Comply with infection prevention and control policies and procedures
Date of Program Commencement:	

National Skill Sets Code/Title	Tick the Skill Sets box you are enrolling in (one box only)
BSBSS00095 – Cross-Sector Infection Control Skill Set	<input type="checkbox"/>
National Unit Code/Title	BSBWHS332X - Apply infection prevention and control procedures to own work activities
Date of Program Commencement:	

4. What are your reasons for enrolling in this skill sets?

As applicable, consider and document: • Strengths and Weaknesses • Your expectation and objectives

5. Thinking about the skill set you are applying for and your past learning experiences, will the learning strategies and materials proposed for this course pose any potential issues/challenges/barriers to you?

As applicable, consider and document any challenges, difficulties to learning or any concerns including:

Adequacy and/or appropriateness of learning methods

<input type="checkbox"/> Mental health support	<input type="checkbox"/> Support in Reading	<input type="checkbox"/> Support in speaking & presentation skills
<input type="checkbox"/> Special needs	<input type="checkbox"/> Support in Writing	<input type="checkbox"/> Support in learning skills
<input type="checkbox"/> Your personal circumstances	<input type="checkbox"/> Support in Numeracy	<input type="checkbox"/> Support with your English language
<input type="checkbox"/> Disability (autism, physical, deaf-blind, visual, neurological, speech, psychiatric, other)		

Any additional support or adjustments you may require:

6. Have you previously acquired any relevant competencies for the course you are applying?

If you have completed unit HLTINF001 Comply with infection prevention and control policies and procedures, you may be able to seek partial recognition of prior learning (RPL). (Fee for service applies).

7. Digital Capacity Self-Assessment

- You will be required to access your learning material from the Institute's student website or your course may be delivered using videoconferencing applications such as Skype, MS Team, Zoom etc.
- Please complete the questions below to assess your digital capability and therefore ability to successfully complete this course either via remote learning or online learning.
- Some courses are moving to distance/remote learning due to temporary impact of COVID-19.

a. Please indicate the devices and operating system you have and can use efficiently (please tick)

Computer/Laptop.....	<input type="checkbox"/>	Tablet/iPad	<input type="checkbox"/>	Smart Phone	<input type="checkbox"/>
Microsoft Windows	<input type="checkbox"/>	MacOS Apple	<input type="checkbox"/>	PDF Reader	<input type="checkbox"/>
Headphone or Microphone	<input type="checkbox"/>	Webcam	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

b. My Internet Connection and Data Plan - Download and Streaming details (please tick) (please tick)

Unlimited Data Plan (no issues with video and graphics)	<input type="checkbox"/>	I do not have internet access at home	<input type="checkbox"/>
Limited Data Plan (may have issues streaming)	<input type="checkbox"/>	(unable to access online resources)	

c. I can...(tick one or more applicable to you)

Use search engines (e.g. Google, Internet Explorer, Firefox, Bing etc.).....	<input type="checkbox"/>	Download/upload/attach documents on OneDrive, LMS	<input type="checkbox"/>
Send email and text	<input type="checkbox"/>	Use videoconferencing applications (e.g. Skype, Zoom, MS Team).....	<input type="checkbox"/>
Follow content of Wiki, blogs and podcast <input type="checkbox"/>		Access online help/guidance where required.....	<input type="checkbox"/>
Use Photoshop, PowerPoint, video creation/editing	<input type="checkbox"/>	None of the above.....	<input type="checkbox"/>
Use Learner Management System (LMS) (e.g. Moodle)	<input type="checkbox"/>		

d. I am familiar with... (tick one or more applicable to you)

Microsoft Office (MS) Suite (e.g. Word, Excel, Access, Email etc.) ..	<input type="checkbox"/>	Social Media (e.g. Facebook, Twitter, Instagram etc.)	<input type="checkbox"/>
Finance Management System (e.g. MYOB, Finance One etc.).....	<input type="checkbox"/>	Other (e.g. Human Resources Management, Programming etc.).....	<input type="checkbox"/>
Windows Media Player, iTunes, VLC Media Player.....	<input type="checkbox"/>	None of the above.....	<input type="checkbox"/>

e. Do you face any challenges or barriers with your digital capabilities or access to necessary technology?

Let us know if you need support or assistance.