

Hopkins 'Pre-Enrolment Questionnaire Form'

The form forms part of the Pre-Training Review and is used by Hopkins's enrolment officer to determine any prior skills and knowledge an applicant may have, of the course. The information gathered will help guide with the enrolment process.

Hopkins Staff to Complete			
Applicant Details			
First Name		Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ / Age: ___ Yrs. ___ Months
Email		Phone	
Questionnaire			
Questions	Applicant Comments		
The course the applicant is wishing to enrol in is:	<input type="checkbox"/> CHC33021 Certificate III in Individual Support (Ageing and Disability) <input type="checkbox"/> CHC52021 Diploma of Community Services (Case Management) <input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management <input type="checkbox"/> SIT50422 Diploma of Hospitality Management <input type="checkbox"/> CHC43121 Certificate IV in Disability Support <input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)		
Has the applicant read the course outline? Is there any information (additional) the applicant requires?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, refer applicant to website or discuss the course requirements using information on the website)		
Why does the applicant wish to undertake the course (objective) and what expectations do they have after completing the course?	<i>Rationale: The chosen training program links to likely job, participation and/or further study opportunities and/or access to training for disadvantaged learners</i>		

What are the applicant's future career goals?	
What is the applicant's highest education qualification level?	
Does the applicant have any prior training or experience in any area related to the course they are seeking to enrol in?	<input type="checkbox"/> Yes (what is the course they have undertaken and do they wish to apply for RCC or CT/RPL. (If yes, send the applicant the relevant form) <input type="checkbox"/> No
Is the applicant currently employed in the industry?	
Is the applicant currently doing any training with any other Training Organisation?	<input type="checkbox"/> Yes (if yes, name of course and Provider) <input type="checkbox"/> No
How did the applicant hear about Hopkins?	<input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Word of mouth/Friend <input type="checkbox"/> Agent _____ <input type="checkbox"/> Other _____
Hopkins's Decision	
Should applicant proceed with the enrolment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no provide reason)
Hopkins Staff Name	
Hopkins Staff Signature	Date / /