SP INTERNATIONAL COLLEGE
RTO: 45455 | CRICOS: 03736B

Initial Skills Assessment

Instructions to the candidate:

The initial skills assessment is conducted by SP International College to identify your existing skills/knowledge and for candidates that would like to develop or enhance their skills further.
This document is designed to gather information on your knowledge, skills, experience, career plans and hopes for the future.
This will assist us to make sure the course is right for you and to customise your learning program.
Please complete this document accurately, honestly and to the best of your ability.

Candidate Details		
Candidate's Name		**Phone:**
Address		
Email Address		
Course applied for		
Course outcome description	Successful learners will be able to seek work as	
Date of assessment		
Trainer and Assessor conducting assessment		
Context of assessment	☐ Face to Face ☐ Telephone ☐ Video Link	

Why are you doing this course?	
☐ To learn a new skill ☐ To improve skills at work ☐ To help me find work ☐ For something else	Please explain:
What is some of the experience you have that may help you with this course?	

Qualifications, Certificates or other vocational competencies you hold:

How do you describe your level of the following general skills?			
Speaking and listening	☐ Good	☐ Average	☐ Poor
Reading and writing	☐ Good	☐ Average	☐ Poor
Numeracy	☐ Good	☐ Average	☐ Poor
Teamwork	☐ Good	☐ Average	☐ Poor
Problem solving	☐ Good	☐ Average	☐ Poor
Planning and organising	☐ Good	☐ Average	☐ Poor
Self-management	☐ Good	☐ Average	☐ Poor
Learning	☐ Good	☐ Average	☐ Poor
Technology	☐ Good	☐ Average	☐ Poor
Initiative and enterprise	☐ Good	☐ Average	☐ Poor

What are your career goals, aspirations and interests?

What are your strengths?

What are your weaknesses?

What do you hope to achieve from this training program?
Do you wish to go on to further study after completing this qualification? If so, which qualification?
What employment are you hoping to attain after completing this qualification?
Do you have experience in the type of work you are hoping to obtain after your training?
If you are entering into a new industry why have you made the decision to do so?

How can SP International College help you achieve your professional goals?
Do you foresee or know of any reason you may not complete the course?
Do you have any special needs which would require any specific equipment, disability support or resources while undertaking this course? If applicable, please provide details below.
Describe concerns (if any) you have about enrolling into this course.

Candidate Declaration
I acknowledge that the information provided above is true and correct and I have been provided with course information. I have also attached all relevant documents wherever applicable to support my answers.

Candidate Name	
Candidate Signature	
Date	

For SP International College representative to complete: (Assessor Guide)		
Rationale for accepting the candidate into the course Considering the information provided by the candidate on this Initial Skills Assessment and discussions with the candidate, is the chosen course suitable and appropriate for the candidate.		
	Yes	**No**
If Yes: The learning strategies and materials are appropriate to this learner	☐	☐
If No: With additional support is the applicant likely to be successful in their chosen course of study?	☐	☐
Please tick below as appropriate to identify the areas if the student requires additional support. If answer to any of the below is NO same should be noted in the student support individual plan to discuss and address with the student		
	Yes	**No**
This course will enable the student to obtain the required skills to make them job-ready	☐	☐
This course will assist the student to undertake further education	☐	☐
This course will promote/enable access to training for disadvantaged learners	☐	☐
The student has the required computer skills and digital capability	☐	☐
The student has appropriate work experience and/or level of skills and ability to undertake this course successfully	☐	☐
The student meets the entry requirements of the course, including any pre-requisites	☐	☐
The learning strategies and materials used in this course are suitable for the student	☐	☐
If required, appropriate support services, referrals and course customisation is available	☐	☐
This course is aligned with the student's work/career/participation aspirations	☐	☐
This course will give the student the skills and knowledge required for their chosen field	☐	☐
This course provides employability skills	☐	☐
This course will give the student an opportunity to advance to further study for their chosen pathway	☐	☐
The content of the course is suitable for the student's interests	☐	☐

This course will provide formal recognition of the student's current skills and knowledge	☐	☐
This course minimises duplication of the student's existing competencies	☐	☐
This course is at an appropriate level for the student	☐	☐
This course is the most appropriate training option for the student	☐	☐
Alternative study offered? Please specify:	☐	☐

DECISION / COMMENTS (must be completed)

The course is suitable for the applicant:	☐
Yes (please go to No.1 below)	☐
Yes, with assistance (please specify below in No. 2)	☐
No (please specify below in No. 3)	☐

1. If **yes**, please tick the appropriate statements

The course will provide the individual with the required skills to make them job-ready	☐
Assists individuals to undertake further education	☐
This qualification is the most suitable course and training option because the applicant: (please tick the appropriate statements):	☐
Has some experience in the industry	☐
Has completed other studies in this area	☐
Needs to develop further skills to gain employment	☐
Can use the course as an appropriate pathway to further studies	☐

2 If **yes with assistance,** please list the additional support the student requires:

Delivery and assessment methods adapted by trainers, e.g., oral assessment	☐
Referral to Learning Advisors for out of class learning support	☐
Referral to Counselling and Disability Support	☐
Other: Please provide further advice of options available to the applicant	☐

3 If **No**, please give reasons:

Interviewer's Name:		Interview Date
Interviewer's Signature:		Interview Time:
Administration Use Checked by Administration:		Yes: ☐
Administrator's Name:		
Administrator's Signature:		