Initial Skills Assessment Form
Purpose of this form:

The initial skills assessment is conducted by Project Controls Institute, Australia to identify your existing skills/knowledgeand for candidates who 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 forthe 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		
Name	Phone:	
Address		
Email		
Course applied for:	☐ Diploma of Project Controls ☐ Diploma of Information Technology	
Date of assessment		
Trainer and Assessor conducting the assessment		
Channel 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?

Self-management	☐ Good	☐ Average	☐ Poor
Learning	☐ 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 Project Controls Institute 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 Project Controls Institute, Australia representative to complete

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, tick as many statements as apply and use these as the basis for determining whether the course is suitable and appropriate for the candidate.

At least one of the first 3 statements must apply.

	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		
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		
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 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 interests		
This course minimises duplication of the student's existing competencies		
This course is at an appropriate level for the student		
Alternative study offered? Please specify:		

Assessor Determination	
Additional support required	☐ **Yes** ☐ **No**
Type of additional support required	

Comments		
Trainer/Assessor Name		
Trainer/Assessor Signature		**Date:**

This Assessment needs to be completed for each enrolment at Project Controls Institute, Australia Prior to Issuance of Offer Letter from the college.