Initial Skills Assessment

Initial Skills Assessment Form

The initial skills assessment is conducted by Project Controls Institute, Australia to identify your existing skills/knowledge and 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 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			
Name:			
Address:			
Email:			
Course applied for:			
☐ Diploma of Project Controls Diploma ☐ of Information Technology			
Date of assessment:			
Trainer and Assessor conducting the assessment:			
Assessment completed via:	Face to Face	Phone	Virtual

Why are you doing this course?				
Tick one of the boxes below and add detail				
To learn a new skill	To enhance my skills at work	To consolidate my experience	To help me find work	Others

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What experience do you have that may help you with this course?

Qualifications you currently have completed

How do you describe your "current" level of the below skills?			
Self-Management	Good	Average	Low
Learning	Good	Average	Low
Initiative and enterprise	Good	Average	Low

What are your career goals, aspirations and interests?

What are your strengths?

What do you see as your weaknesses?

What do you want to achieve and take away from this training?

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Do you have further study plans after completing this qualification? If so what qualification/s?
What employment are you hoping to secure after completing?
Do you have any experience in the area of work you are going into once completing this Diploma?
How can we help you achieve your professional goals?
Can you identify or foresee any challenges you may face in completing your course?
Do you have any special needs to assist you with your learning? Special equipment, disability support or resources? Please provide details.
Please take the time to highlight (if any) concerns you have about enrolling in the course.

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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	

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Office Use Only

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.

	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:		

Assessors Determination		
Additional Support Required	**YES**	**N / A**
Details of support needed		

Assessor Detail	
Assessors Name	
Signature	
Date	