



**Genuine Student Test (GST)/Pre-Training Review
Evaluation Form**

This form must be completed for each applicant prior to the finalisation of enrolment. The information provided will be used to determine the most suitable course for the applicant and ensure that the course is aligned to the particular skills and jobs the applicant wishes to achieve after completion.

Please ensure each question is answered with as much detail as possible. Failure to address all questions may lead to the applicant's enrolment being rejected.

***** Where required, please provide additional pages to answer questions*****

SECTION A – Applicant Details			
Name:			Date of Birth:
Phone:	()	Email:	
Course/s interested in	1. 2. 3. 4.		

SECTION B – Applicant to complete	
<p>THIS QUESTION IS FOR PROSPECTIVE OR CURRENT INTERNATIONAL STUDENTS (Student Visa) ONLY</p> <p>1. In 300 words or less, tell us about you and your family. If you are married/separated, when did you marry/separate?</p> <p>Do you have family living in Australia? If so, what do they do and what type of visa do they hold in Australia?</p> <p>Also tell us about your spouse and children (if any). Do your spouse and children intend to accompany you to Australia?</p> <p>What is your spouse's occupation and what does your spouse intend to do in Australia? Are you aware of visa condition and extra costs associated with bringing your spouse and/or children with you to Australia?</p> <p>* Please refer to the financial information by using the links below:</p> <ul style="list-style-type: none"> https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500#Eligibility https://www.studyaustralia.gov.au/en/tools-and-resources/news/change-to-evidence-of-financial-capacity-for-student-visas 	



SECTION B – Applicant to complete

2. What do you hope to gain from enrolling in this course/s?

What do you know about the program and its' cost.

If this program is not related to your previous studies, why have you decided to change your career path?

(Relevant to interests, capabilities, aspirations)



SECTION B – Applicant to complete

3. Please describe your career goals including short term and long-term goals including your career aspirations and future plans after you graduate from this program.

4. What courses have you participated in in the past and what did you enjoy most about these courses?

5. Have you had any experience in any area related to the course/s you would like to enrol in?



SECTION B – Applicant to complete	
<p>6. What is your learning style and how do you like to learn?</p> <p><i>NOTE: You may also learn best through a combination of methods or through options not listed above. Those listed have been provided as examples.</i></p>	<p><input type="checkbox"/> Visual – Learn best through pictures, diagrams, watching etc.</p> <p><input type="checkbox"/> Hands on – Learn best through practicing, role plays, simulations etc.</p> <p><input type="checkbox"/> Reading – Learn best through research, reviewing textbooks, reading notes etc.</p> <p>Other: _____</p>
<p>7. What learning materials and strategies will assist you to learn best? Tick as many as apply.</p>	<p><input type="checkbox"/> Textbooks that I can read and refer to in my own time</p> <p><input type="checkbox"/> PowerPoints and handouts explained to me during classes</p> <p><input type="checkbox"/> Pictures and diagrams</p> <p><input type="checkbox"/> Group discussions with others</p> <p><input type="checkbox"/> Online materials that I can access and complete when I need to</p> <p><input type="checkbox"/> Conducting my own research</p> <p><input type="checkbox"/> Practical application of skills and knowledge in a workplace or similar</p> <p><input type="checkbox"/> Working through real examples such as a case study or scenario</p> <p><input type="checkbox"/> Other (please explain): _____</p>
<p>8. What learning support do you think you might need in order to complete this course successfully (anything known to you prior to your application)?</p>	<p><input type="checkbox"/> English language support</p> <p><input type="checkbox"/> Reading support</p> <p><input type="checkbox"/> Writing support</p> <p><input type="checkbox"/> Study support</p> <p><input type="checkbox"/> One-on-one guidance with a trainer/assessor</p> <p><input type="checkbox"/> Additional resources</p> <p>Other: _____ _____</p>
<p>9. Do you require adjustments for learning and assessing based on any disability? (Permanent, occasional, minor) (Tick one or more if required)</p>	<p><input type="checkbox"/> Sight/Visual</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Speaking</p> <p><input type="checkbox"/> Intellectual/Learning</p> <p><input type="checkbox"/> Medical Condition</p> <p><input type="checkbox"/> Physical (NOTE: Courses of practical/hands-on nature do require practical physical capabilities (lifting, turning, carrying etc) to carry out tasks)</p> <p><input type="checkbox"/> Other: _____</p> <p>If ticked yes to any of the above, what adjustments would you require for learning and assessing?</p> <p><input type="checkbox"/> Oral Communication _____ _____</p> <p><input type="checkbox"/> Listening _____</p>



SECTION B – Applicant to complete	
	<p>_____</p> <p><input type="checkbox"/> Reading</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Writing</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Numeracy</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Learning</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>
10. Are you currently working in the industry for which you are seeking training for?	<p><input type="checkbox"/> Yes – continue with the below questions</p> <p><input type="checkbox"/> No</p> <p>a) If answered Yes to the above, what is the name of your workplace?</p> <p>_____</p> <p>b) Please provide your updated CV to support your answer</p>
11. Have you ever worked in the industry in which you are seeking training in? This will help us determine if RPL or is a suitable option for you.	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, please outline what role you had, when you worked in the industry and how long for.</p> <p>_____</p> <p>Will the applicant be applying for RPL? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
12. What other information do you think would be important for us to know to ensure we can meet your needs or that may support your application for enrolment into this course?	



SECTION B – Applicant to complete	
13. Have you completed any course that is likely to give you Credit for this course – i.e. would you like to make an application for Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the applicant must supply certified copies of their transcripts.
14. Please tell us about gaps in your study (if any) in about 100 words. How long is the gap between your previous study and your intended study and explain the reason for the gap.	
THIS QUESTION IS FOR PROSPECTIVE OR CURRENT INTERNATIONAL STUDENTS (Student Visa) ONLY	
15. In about 200 words, tell us why you have chosen to study in Australia over other countries and why you don't want to study in your home country?	



SECTION B – Applicant to complete

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16. In about 200 words, tell us about your salary expectation, how much do you expect your monthly salary to be when you return home with an Australian qualification? How does this compare to the salary you would receive if you studied in your own country?

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17. As an international student, please explain how will you demonstrate the required level of English language proficiency? *(Please refer to the intended course's entry requirement)*

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SECTION B – Applicant to complete	
18. Provide evidence that how would you demonstrate that you have enough money to cover your tuition and living expenses in Australia. This could be through bank statements or proof of sponsorship.	

SECTION C – Information on online or digital component	
19. Do you have regular access to a computer and internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, discuss solutions and strategies for accessing online content when needed and document here. <hr/> <hr/>
20. Approximately, how often do you use a computer and/or the internet?	<input type="checkbox"/> 3 hours or more a day <input type="checkbox"/> Less than an hour each day <input type="checkbox"/> A couple of times a week <input type="checkbox"/> Once a week <input type="checkbox"/> A couple of times a month <input type="checkbox"/> Never/ rarely Note: Applicants who answer A couple of times a month or never/rarely – should be referred to a digital literacy assessment.
21. How good is your digital literacy? Rate between 1 to 5 (1 being very poor and 5 being excellent) Do you require any support with digital literacy?	Score: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, discuss solutions and strategies for accessing online content when needed and document here. <hr/> <hr/> <hr/>

Please tick in the relevant column based on your ability	I can't do this.	I can do this with support	I can do this on my own	I can teach others
I can turn on and login to a personal computer				
I can send an email				
I can navigate to a website to locate required information				
I can create folders and subfolders and rename them as required				
I can find information using an internet search engine				



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SECTION C – Information on online or digital component				
I can attach documents to an email				
I can save emails in different folders				
I can login to an online system and follow prompts				
22. How often do you use social media?	<input type="checkbox"/> Every day <input type="checkbox"/> A couple of times a week <input type="checkbox"/> Once a week <input type="checkbox"/> A couple of times a month <input type="checkbox"/> Never/ rarely Note: Applicants who answer A couple of times a month or never/rarely – should be referred to a digital literacy assessment.			



SECTION D – Declaration by the Applicant

I declare that:

- All of the information I have provided in this application is accurate and complete and is not false or misleading and I understand giving false information is a serious offence under state and/or federal law in Australia.
- The signature on this form is my signature and that this form has not been signed on my behalf by another person, including my agent or sponsor.
- I have access to the funds required to study at Menzies Institute of Technology for the length of my courses including tuition fees and living expenses for myself and (if applicable) my dependants.
- I agree to immediately advise Menzies Institute of Technology if there is any change to the information I have provided in this application.
- I understand that Menzies Institute of Technology has the right to vary or reverse any assessment made on the basis of incorrect, incomplete, false or misleading information which I have provided.
- I understand that by completing this application I am giving written consent to Menzies Institute of Technology to independently verify the information supplied by me in this application.
- By completing and signing this application, I am giving written consent to Menzies Institute of Technology to share this information with authorised third parties to independently verify the information supplied by me in this application or wherever as required by law.
- I understand that I and/or my parents and/or financial sponsor/institution may be contacted as part of the risk assessment.

Student Signature:

Student Name:

Date:



SECTION E – OUTCOME

To be completed by RTO representative

23. Is the candidate suitable for the intended course?

Yes

No

Additional information required. Please detail:

24. What additional support will be provided to the applicant in order to ensure they are able to complete their program successfully including any reasonable adjustments? (if relevant)

25. For courses that contain an online or digital component, do the responses provided to Questions 19 – 22, demonstrate that the applicant has the skills and resources to appropriately participate in the course?

Yes

No

Other comments and notes

Staff member declaration

Staff member Name:		Position:	
Signature:		Date:	