Institute of Tertiary & Higher Education Australia is a trading name of ITHEA Corporation Pty Ltd T:+61 3 9650 3900 ♦ F: +61 3 9650 3199 ♦ E: info@ithea.edu.au ♦ W: www.ithea.edu.au Main Campus & postal : Level 11, 168 Lonsdale Street, Melbourne, Victoria, 3000 RTO Number 22037 ♦ CRICOS Provider Code: 02892J ♦ ACN: 125 368 569 ♦ ABN: 81 578 106 574



| PRE-T | RAINING INTERVIE | W FORM | | | | | | |
|---|--|---|----------------------------|---------------------------|----------------------|--------------------|----------------------|--|
| Personal de | etails – to be completed by applica | nt | | | | | | |
| Family name: | Hassan | | | Given name(s): | Given name(s): Lamya | | | |
| Date of birth: 07/05/1982 | Sex: ☐ Male ☑ Female ☐ Non binary | Contact telephones: 0422 | 2705139 | | E-mail: Hassan | _Lamya@yaho | o.co.uk | |
| Education | background – to be completed by | applicant | | | • | | | |
| | | Year Completed: | | | Austra | alian qualificatio | n? | |
| Secondary so | chool: GCSE | Year 10 (1998) | | | | Yes 🗹 No | 1 | |
| | | Vana Camanlatad | | Australian qualification? | | | | |
| Post-seconda | ary school: Diploma | Year Completed: Diploma (2022) | ☐ Yes ☑ No | | | | | |
| Credit transfer may be granted to those students who have previously completed a co | | | | | | | | |
| outcomes to the time of end | hose required within the student's current cour | se of study. You will be required have attained recognition | uired to pre n by an RT | esent yo | our evidence (usual | lly a statement o | of results) at | |
| Credit transfe | er: Do you wish to apply for a Credit transf | er? 🗌 Yes 🗹 No | | | | | | |
| Recognition | of Prior Learning (RPL) is an assessment pro | ocess that recognises the s | | | | | | |
| | ner courses, if you have relevant work experien in the course you are applying for. Please atta | | | erience | e, you may be able | to apply for cred | lit for some or | |
| | nition: Do you wish to apply for Recognition | | _ | No | | | | |
| | ent / work experience – to be comp | | | | employed? Y | es 🔲 No | | |
| | rent / past employment (details of your employr | | tro you out | TOTTELY C | inployed: — Te | 70 - 110 | | |
| Dates (from | Position | Company | | | Duties | | | |
| – <i>to)</i> 2021-2024 | Assistant Kindergarten Teacher | Acacia Fitzroy Creche | | | | rvision, safety & | care | |
| 2021-2024 | Assistant Kindergarten Teacher | Acadia i lizioy dieche | | | reactier, supe | ivision, salety & | Care | |
| | | | | | | | | |
| Course/s - | - please tick the course/s you are in | nterested in applying | for – <i>t</i> | o be d | completed by a | pplicant | | |
| Code | Course | | Tick | | ery method | | | |
| BSB30120 | Certificate III in Business | | | | | Online - | Distance | |
| BSB40120 | Certificate IV in Business | | | <u> </u> | Class room - | Online - | Distance | |
| BSB40520 | Certificate IV in Leadership and Manager | nent | | \perp | | Online - | Distance | |
| BSB50120 | Diploma of Business | | <u> </u> | | Class room - | Online - | Distance | |
| BSB50420 | Diploma of Leadership and Management | | | | Class room - | Online - | Distance | |
| BSB60120 | Advanced Diploma of Business | | | | | Online - | Distance | |
| CHC33021 | Certificate III in Individual Support (Agein | g and Disability) | <u> </u> | ╁ | Class room - | Online - | Distance | |
| CHC43015 | Certificate IV in Ageing Support | | | \perp | Class room - | Online - | Distance | |
| CHC33021 | Certificate III in Individual Support (Disab | llity) | | | Class room - | | Distance | |
| CHC43121 CHC40321 | Certificate IV in Disability Support Certificate IV in Child, Youth and Family | ntonyontion | | | | Online - | Distance | |
| CHC50321 | Diploma of Child, Youth and Family Inter | | | | | Online - | Distance | |
| CHC30321 | Certificate III in Early Childhood Education | | | | | Online - | Distance | |
| CHC50121 | Diploma of Early Childhood Education ar | | | | Class room - | Online - | Distance | |
| CHC52021 | Diploma of Community Services | u daic | | | Class room - | Online - | Distance Distance | |
| CHC43315 | Certificate IV in Mental Health | | | ╁ᡖ | Traineeship | Offilitie - L | Distance | |
| CHC53315 | Diploma of Mental Health | | | | Traineeship | | | |
| 22636VIC | Course in Initial EAL | | | | Class room | | | |
| 22637VIC | Course in EAL (English as an Additional | Language) | | | Class room | | | |
| 22638VIC | | | | | Class room | | | |
| 22639VIC | ` / | | | | Class room | | | |
| 22640VIC | Certificate III in EAL (Access) | | | | Class room | | | |
| 22645VIC | Certificate III in EAL (Further Study) | | | | Class room | | | |
| 22641VIC | Certificate IV in EAL (Access) | | | | Class room | | | |
| 22644VIC | Certificate IV in EAL (Employment / Profe | essional) | | | Class room | | | |
| 22646VIC | Certificate IV in EAL (Further Study) | | | | Class room | | | |
| MSF30919 | Certificate III in Blinds, Awnings, Security Screens and Grilles | | | | Apprenticeship | | | |

Institute of Tertiary & Higher Education Australia is a trading name of ITHEA Corporation Pty Ltd T:+61 3 9650 3900 ♦ F: +61 3 9650 3199 ♦ E: info@ithea.edu.au ♦ W: www.ithea.edu.au Main Campus & postal : Level 11, 168 Lonsdale Street, Melbourne, Victoria, 3000 RTO Number 22037 ♦ CRICOS Provider Code: 02892J ♦ ACN: 125 368 569 ♦ ABN: 81 578 106 574



| DIGITAL LITERACY | institute of Tertiany & Higher Education Australia |
|---|--|
| Do you use a computer? | Rarely/Not at all Sometimes M Regularly/Often |
| What do you use the computer for? | On-line shopping |
| Do you have access to a computer or laptop with Internet? | Yes No |
| Do you have sufficient digital literacy to complete the course? | Yes No |
| Can you overcome barriers in accessing technology? | ☑ Yes ☐ No |
| | |

| ADOLIT VOLL | |
|--|---|
| ABOUT YOU | |
| Safety Check Some of our courses require a Working with Children's Check and/or a Police Check, before starting work placement. | |
| Do you understand that you will be required to obtain these checks yourself before | |
| beginning any work placement? | Yes No |
| Do you understand that you will need to provide these checks? | Yes No |
| Obligations of the course a) Each course has a specified duration or time frame. ITHEA expects each student to devote 20 hours per week in study – whether online or in class. | |
| Are you willing and able to devote 20 hours per week in study? | ☑ Yes ☐ No |
| b) Do you understand that you are required to find your own practical placement? (ITHEA can only assist you when all efforts to find your own placement have been exhausted) | Yes No |
| c) Each course has specified compulsory work placement hours. These hours may begin as early as 7am and finish as late as 6pm. | |
| Are you willing and able to complete the compulsory work placement hours? | Yes No |
| Do you have family commitments? | Yes No |
| Will you be able to meet those commitments as well as study? | Yes No |
| Will you be able to meet work placement commitments as well as study and family? | Yes No |
| d) For funding purposes, you must commence your course within 2 weeks of the Training Plan being signed. If you are unable to save some answers you run the risk of being withdrawn for non-commencement. | |
| Will you be able to commence within the 2 weeks? | ☑ Yes ☐ No |
| e) Plagiarism and cheating will not be condoned. The use of AI will be considered as plagiarism and result in re-submission or failure. | |
| Do you agree to submit your own work after reading the learning material? | ☑ Yes ☐ No |
| f) Do you have any physical impairment that will affect your ability to complete placement? | ☐ Yes ☑ No |
| g) Do you have a mental impairment that may affect your ability to complete training, assessments and/or placement? | ☐ Yes ☑ No |
| Reason for study and duration Please tell us why you want to do this course. (Please include any prior or current work experie you possess in months/years.) (minimum of 50 words) | ence in the sector. Also specify the amount of experience |
| In some cases, students may be able to complete the course earlier than specified due to prior knowledge and/or experience. Students who wish to complete qualifications early must apply for an interview to be eligible for fast tracking. Upon early completion, students will be required to undertake an independent summative assessment (CAPSTONE). Any charges incurred for this assessment are payable by the student. Are you interested in completing your qualification early? Do you agree to pay for the summative assessment? | ☑ Yes □ No ☑ Yes □ No |
| Application interview | |
| After your application has been received you will be contacted via Zoom to verify your compatibility and suitability for the course that you are applying for. | |
| Do you agree to a face-to-face interview via zoom? | ☑ Yes □ No |
| Survey | |
| Do you agree to complete a survey from the National Centre of Vocational Education and | |
| Research (NCEVER) or be contacted by the funding body to discuss your training? | ☑ Yes ☐ No |

Institute of Tertiary & Higher Education Australia is a trading name of ITHEA Corporation Pty Ltd T:+61 3 9650 3900 ♦ F: +61 3 9650 3199 ♦ E: info@ithea.edu.au ♦ W: www.ithea.edu.au Main Campus & postal : Level 11, 168 Lonsdale Street, Melbourne, Victoria, 3000 RTO Number 22037 ♦ CRICOS Provider Code: 02892J ♦ ACN: 125 368 569 ♦ ABN: 81 578 106 574



A gap fee applies

ENGLISH LANGUAGE & LITERACY ASSESSMENT

| This assessment will c | over | | | | |
|--|--|-------------------------|------------------------|---|-------------------------------|
| ✓ Learning ✓ R The entire Skills Check is | eading Writing s designed to take appro | | | • | ich of the four skills |
| checks. | designed to take appre | one nour to t | ompiete, that is 10 mi | 114103 101 00 | on or the loar skins |
| Personal details | | | | | |
| Family name: Hassan | | | | Given name | (s): Lamya |
| Date of birth: 07/05/1982 | Sex: Male Female | Contact t | elephones: 0422705139 | E-mail: Hassan_Lar | nya@yahoo.co.uk |
| Part One: Oral com | munication and lear | ning skills | | | |
| This interview should tak | e approximately 15 minu | utes. There are three t | asks and each should | take about | 5 minutes. |
| Task 1: The interviewer Task 2: Informal discuss Task 3: Giving an opinion | sion. | questions | | | |
| Results: Oral commun | nication | | | | |
| ACSF level: | Pre-Level 1 | Level 1 | ☐ Level 2 | | Level 3 |
| Part Two :Reading | | | | | |
| Read the questions below | w and tick (<mark>✓)ONE</mark> co | rrect answer : | | | |
| 1. This medicine should | d be used before whicl | n date? | | Book | |
| ☐ 24 January 2011 | | | | Best Before | O JUN 12 2246 |
| ☑ 30 June 2012 ✓ | | | | | |
| ☐ 20 July 2012 | | | | 9 3 | 12628 240111 |
| 2. What time does the d | linic open on Saturda | | CLINI | C OPEN | ING HOURS |
| | • | • | Monday to | | 8.30am to 5.30pm |
| ☑ 9.00 am 🗸 | | | Saturday | ublic Holidays | 9.00am to 11.30am |
| ☐ 8.30 am | | | CALL 85 | | r appointments |
| ☐ 11.30 pm | | | | AFTER H Doc's - Emerg and after hour CALL 8586 | ency Dept 24/7 s GP Clinic |

| 3. Wha | t is the meaning of this | sign? | | | | \wedge |
|--------|--|---|--------------------------------------|--|---|--------------|
| | WARNING: Hot liquid | | | | | (D) |
| | WARNING: Slippery flo | or | | | (| |
| ⅎ | WARNING: Dangerous | chemicals 🗸 | | | 2 | TOXIC HAZARD |
| | orks in a hospital. H LUse it to answer th | lere is his Weekly Time e questions below. | | 58 Riverview Weekly Emp | er Hospital St. Brisbane 400 Noyee Timeshee | |
| | | | Date | Day | Start | Finish |
| | | | 6.10.12 | Monday | 9:00 | 18:00 |
| | | | 7.10.12 | Tuesday | 11:00 | 20:00 |
| | | | 8.10.12 9.10.12 | Wednesday Thursday | 7:00 | 17:30 |
| | | | 10.10.12 | Friday | 6:30 | 14:30 |
| | | | | | | |
| | 58 Riverton St. Brisband 58 Riverview St. Brisband 85 River St. Sydney 200 | ne 4000 🔸 | | | | |
| Read t | Child safety and heavy side. That ranging from one involved in crash | calth-Day Notes to children were por their height and weight. | Tews ren of all weigh that looked at | FRIDAY, Dec. ets, including the enearly one the ears old, who h | hose on the ousand child ad been | 9355 |
| 6 Wha | t is the age range of the | | | | | |
| | 1 to 5 years | 0 to 8 years | ☑ | 1 to 8 years | , | |
| 7. How | many children in the st | udy were involved in car cr | rashes? | | | |
| | Nearly one hundred | ☑ nearly one thousa | and 🗸 | nearly te | n thousand | |

ENGLISH LANGUAGE & LITERACY ASSESSMENT

Here is information about blood pressure. Read it and then answer the questions.

- -Blood pressure is the force of blood against the walls of the arteries in the heart.
- -The picture shows a patient having his blood pressure checked.
- -Blood pressure is a vital sign of life.

| 8. | Blood | pressure | is main | ly | concerned | l with | wh | ic | h part o | ft | he | bod | у? | |
|----|-------|----------|---------|----|-----------|--------|----|----|----------|----|----|-----|----|--|
|----|-------|----------|---------|----|-----------|--------|----|----|----------|----|----|-----|----|--|

| 3. Blood pressure is mainly concerned with which | ch part of the body? | |
|---|----------------------|---|
| ☑ The heart ✓ ☐ The brain | ☐ The lungs | 3 |
| 9. This information: | | |
| □ warns the reader about the dangers of high the sum of the sum | · | |
| instructs the reader on how to use a blood pr | ressure device. | |
| | | |
| | | |

Look at the poster below that contains information about anaphylaxis:

Choose the best answer for each of the following questions, based on the information in the poster.



ACTION PLAN FOR Anaphylaxis



How to give adrenaline (epinephrine) injector

EpiPen®



Form fist around EpiPen® and PULL OFF GREY SAFETY RELEASE



Hold leg still and
PLACE BLUE END
against outer
mid-thigh (with or
without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine see above
- Phone family/emergency contact
- Insect allergy flick out sting if visible
- Tick allergy seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- · Difficulty talking or hoarse voice

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT do NOT allow them to stand or walk
 - If unconscious or pregnant, place in recovery position
 on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright











2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

| 10. For you do | r a person suffering from a mild to moderate allergic reaction caused by a bee sting, what is the first thing o? |
|--|--|
| \square | Give (administer) the EpiPen $f X$ |
| | Flick out the sting |
| | Quickly phone a member of the family meone is suffering from a severe allergic reaction. You administer an EpiPen. s the step after pulling off the grey safety cap? |
| \square | Form a fist around the EpiPen $f X$ |
| | Push down hard until you hear a click |
| | Place the black end against their thigh client with a history of anaphylaxis complains that their tongue is beginning to swell. What is the first thing e flowchart advises you to do? |
| \square | Lay them flat 🗸 |
| | Phone an ambulance |
| | Stay with the person and call for help |
| Result | ts: Reading 10/12 |
| ACSF | level: Pre-Level 1 |
| | |
| ENGL | ISH LANGUAGE & LITERACY ASSESSMENT |
| workpla Use th describ Pretend someon You mayour or imagine -You s -An ele | the that there has been an accident or incident at your acce that needs to be recorded in writing. The form on the next page to fill in your details and be what happened. The witness can be the injured person. The witness can be the you know or someone you have made up. The witness can be the ideas below or describe an incident from the witness can be real or ead, for example: The witness can be real or ead, for example: The witness can be real or ead or ead, for example: The witness can be real or ead, for example: The witness can be real or ead or ead, for example: The witness can be real or ead or ead, for example: The witness can be real or ead or ead, for example: The witness can be real or ead or ead or ead, for example: |
| 4 DE | TAIL C OF IN HIRED DEDCON |
| Name Addre City: Phon Email Positi Expe | e: Lamya Hassan ess: 101/35 Victoria Parade Melbourne, Victoria Postcode: 3066 Sex: M F Date of birth: 07/05/1982 e: (H) 0422705139 (W) (03) 9419 1142 Mobile: 0422705139 I address: Hassan_Lamya@yahoo.co.uk ion: Educator rience in the job: 3 years and 2 months (years/months) Start time: 10:00 m pm a arrangement Casual Full-time Part-time Other |
| | TAILS OF INCIDENT |

| Date: 19/12/24 Time: 11:25 am Loc | cation: Indoors (Lunch | time) | | |
|---|-----------------------------|----------------------------|------------------------------------|---------|
| Describe what happened and how around and are often seen refilling their besore. The area was mopped up by my col | oottles. A child may have a | accidentally spilt some, w | hich caused the incident. I fell t | |
| 3. DETAILS OF WITNESSES | | | | |
| Name: Iggy Smith | | | | |
| Address: 187 Napier street, Fitzroy | | | | |
| Phone: (H) 0422705139 (W) N/A N | Mobile: 0422705139 | | | |
| 4. DETAILS OF INJURY | | | | |
| Nature of injury (e.g. burn, cut, sp | orain): slight sprain to a | ankle | | |
| Cause of injury (e.g. fall, grabbed | d by person): Fall | | | |
| Location on body (e.g. back, left f | forearm): Ankle | | | |
| Other issues (chair, another pers | on, hot water): Anoth | ner person | | |
| 5. TREATMENT ADMINISTERED |) | | | |
| First Aid given ☑ Yes ☐ | No First Aider | name: Iggy Smith | | |
| Treatment: Ice pack | | | | |
| Referred to: Will see doctor if required | d | | | |
| | | | | |
| Results: Writing | | | | |
| ACSF level: | e-Level 1 | Level 1 | Level 2 | Level 3 |
| | | | | |
| | | | | |

ENGLISH LANGUAGE & LITERACY ASSESSMENT

Part Three: Numeracy

Read the questions below and tick (✓)ONEcorrect answer. Calculators may be used.

1. How much for a coffee and a pie at the staff canteen?

\$5.00

☑ \$7.00 **✓**

\$6.50

| CA | NTEEN MENU | |
|------------|------------|--|
| Coffee | \$3.00 | |
| Sandwiches | \$4.50 | |
| Pies | \$ 4.00 | |
| Yoghurt | \$2.50 | |

2. Which medicine glass is 3/4 full?

☑ a ✓

 \Box b

 \Box c



ENERGY

COMPANY

3. The graph represents the results of a survey of people's eye colour. From the graph, the most commo

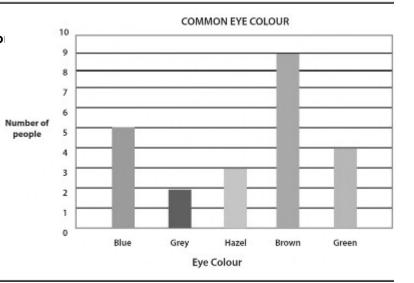
eye colour was:

☑ Brown ✓

☐ Blue

Green

☐ Hazel



Use the electricity bill to answer the following questions.

4. How much must be paid by 20 February 2012?

\$220.93

\$210.24

☑ \$196.90 **✓**

5. Was the electricity bill cheaper than the last bill?

☑ No X□ Yes

6. It is 11 am. Linda arranges to meet a client in 3/4 of an hour. What time will it be when Linda meets her client?

☐ 11:15 am

☐ 11:30 am

11:45 am ✓

Balance

Account Summary invoice date 01/02/12 BALANCE LAST BILL \$210.24 We received - thank you \$210.24CR

\$0.00

THIS ELECTRICITY BILL

TAX INVOICE

please pay

Invoice no: 38888000

\$196.90

by 20 February 2012

Electricity charges \$209.99 Government energy rebate \$30.99CR GST \$16.99 Total new charges \$196.90

7. Maria is paid \$20 per hour. How much did she earn if she worked for 7 hours?

☑\$140 **✓ □**\$27

\$207

| ENGLISH LANGUAGE & LITERACY ASSESSMENT | | | | | |
|---|---|--|---|--|--|
| The following directions are given for the Tablet. 8. A 15 year old took 2 tablets at 10:00 am. The earliest | 00 | | | | |
| they could take another tablet is: | Age Tai | blets | How Often | | |
| ☐ 1:00 pm ☐ 2:00 pm 	 ☐ 3:00 pm | 12-Adult 1 | every 4-6 hours v 1-2 (maximum 8 tabl | with water as required ets in 24 hours) | | |
| 9. A 15 year old can take a dose of: Only 1 tablet 3 tablets 2 1 to 2 | 5-12 1/2-1 every 4-6 hours with water as required (maximum 4 tablets in 24 hours) | | | | |
| tablets * | Store below 30° (| С | | | |
| 10. The temperature on the thermometer is: | | | | | |
| ☑ 39.5°C ✓ □ 39.8°C □ 39.0°C | 35 | . , , , , , , , , , | 40 41 42 | | |
| 11. The amount of alcohol you can drink and then legally d reading of 0.005%, can they legally drive? | rive a car is 0.0 | 5%. If a driver has a | blood alcohol | | |
| Yes they can 🗸 🔲 No they can't | | | 0.2 | | |
| 12. A tablet contains 70mg of drug X. How many mg of drug ☐ 135mg ☐ 120mg ☐ 105 ✓ | g X does one ar | nd a half tablets con | ntain? | | |
| 13. Sandano's weekly wage is \$320. He is given a wage rise □ \$325 □ \$336 | e of 5%. What is | s his new wage? | | | |
| 14. You have to buy juice for the staff party. Which is the be | est buy if you h | nave to get 2 Litres o | of juice? | | |
| A 2L bottle at \$3.80 | | | Politic Prints | | |
| 4 X 500 ml bottles at \$1.75 each | | | | | |
| ☑ 2 X 1Litre bottles at \$1.75 each ✓ | | | | | |
| 15. The ages (in years) of five workers are listed below : 26 The mean average age of the workers is : | 28 28 31 37 | | | | |
| □ 28 □ 26 □ 30 ✓ | | | | | |
| Results: Numeracy 14/15 | | | | | |
| ACSF level: | 1 🗆 | Level 2 | Level 3 | | |
| Overall Results: | | | | | |

Level 1

Level 2

Level 3

ACSF level:

Pre-Level 1