

## Intervention strategy Form

The following form is to be used to document the intervention strategy to be implemented to ensure that the student is able to meet all the course requirements, attend classes regularly and successfully complete the course within the expected time.

This form will be used by the Training Manager or college representative in conjunction with the student. The student will receive a copy of this form. Completed copies will be kept in student's file.

<b>Identify the reason for which individual intervention strategy is being implemented</b>
<input type="checkbox"/> Student is at risk of breaching Academic Progress requirements – Go to Part A and C <input type="checkbox"/> Student is at risk of breaching Attendance requirements – Go to Part B and C <input type="checkbox"/> Student is identified as unable to complete course within expected duration – Go to Part C. <input type="checkbox"/> Other; please specify Please identify: Briefly describe the reason for the intervention strategy and how this was identified: [Why? Please elaborate]

<b>Student Name:</b>		<b>Student ID:</b>	
<b>Contact No:</b>			
<b>Email Id:</b>			
<b>Course Name:</b>			
<b>Interviewer:</b>			<b>Date of Interview:</b>
<b>CoE no:</b>	<b>Start Date</b>		<b>End Date:</b>

**Part A** (To be filled for recording intervention due to breach of Academic Progress)

NYC Unit Code and Name	Term in which unit was scheduled:

**Part B** (to be filled for recording intervention due to breach of Attendance requirements)

Reason for lack of satisfactory attendance level		
0 Medical Reason	0 Exceptional Reason	0 Other Reason; Please specify



**Part C (Mandatory section to be filled)**

<p><b>Documentation of Intervention Strategy (Course progress and Attendance requirements)</b> <b>(Intervention Strategy Applied)</b></p> <p> <input type="checkbox"/> Reduced Study Load  <input type="checkbox"/> English language support;  <input type="checkbox"/> Academic Skills Support and LLN Support  <input type="checkbox"/> Specific subject enrolment  <input type="checkbox"/> Change of Course  <input type="checkbox"/> Extra Classes and re-assessment  <input type="checkbox"/> Counseling;  <input type="checkbox"/> Mentoring;  <input type="checkbox"/> New Study Plan: Placing student in suitable alternative subject within a course or a suitable alternative course, or a combination of the above and a reduction in course load.  <input type="checkbox"/> Extension of CoE.         </p> <p><b>Length to be extended to complete course:</b></p> <p>Weeks [...]    Date from.../...../..... Date to ...../...../.....</p> <p> <input type="checkbox"/> Others; please identify            [What do you offer to students to finish the course within specified duration of CoE]         </p> <p><b>Additional Notes:</b></p>  
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<p><b>Proposed Study Load</b> (Discuss with student the study load required to complete required studies within the CoE)</p> <p> <input type="checkbox"/> Rescheduled weekend classes  <input type="checkbox"/> New Study Plan (Appendix 1)  <input type="checkbox"/> Rescheduled weekday Classes  <input type="checkbox"/> Extra Classes and Re assessment Schedule  <input type="checkbox"/> Others, please specify         </p>	
<p>Intervention Notes (If required):</p>  	
<p><b>Next follow up meeting (If required)</b></p>	
<b>Date:</b>	
<b>Purpose:</b>	

## Privacy Statement

Information is collected on this form and during your enrolment in order to meet the college obligations under the Education Services for Overseas Students Act 2000 (ESOS Act 2000) and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code 2018); and to ensure student's compliance with the conditions of their visas and their obligations under Australian immigration laws generally. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

### Student Declaration (To be filled by Students)

**Note:** It is important for you to attend classes and meet satisfactory course progress requirements i.e. being able to successfully complete or demonstrate competency in at least 50 % of the course requirements in two consecutive study period \* to achieve minimum competency level.

Failing to maintain Satisfactory course progress for two consecutive study periods \* will require Apsley College to report unsatisfactory course progress to the Department of Home Affairs (DHA) via PRISMS that you are at risk of breaching your student Visa requirements.

Although Apsley College does not report students based on their low attendance. However, low attendance will affect your ability to complete assessments, ultimately, leading to unsatisfactory course progress.

\*Study Period: (1 term)

- I agree to complete all set assignments in the above course from today's date onwards, by their due dates.
- I agree to complete all outstanding assignments in the above course and submit them to the trainer(s) concerned on time by the due date.
- I agree from now on that my performance will be satisfactory in the above course.
- I will attend my classes regularly so that I can achieve satisfactory course progress.
- I will avoid any aggressive, disruptive or ill-mannered behaviour towards other students and staff in the future.
- I understand that my status as a student is currently at risk and I accept that my final assessment in the above course and subsequent enrolments may be at risk because of my poor performance/behaviour up to date.
- I understand that this form/contract in no way guarantees that I will pass in the above course.
- I have been advised of my rights and responsibilities as detailed in the Student Handbook.
- I have been advised of the support services available to me.
- I understand that failure to comply with the conditions of this contract may result in termination of my enrolment.
- I understand my right to access Complaints and Appeals procedures of college, if I am not satisfied with the intervention strategy.

**Student Signature:**

**Date:**

**Training Manager:**

**Date:**



