



COURSE SELECTION INTERVIEW PREPARATION

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|-----------------|-----------------|
| First Name: | Surname: |
| Interview Date: | Interview Time: |
| Parent Present: | Interviewer: |

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| <input type="checkbox"/> University (ATAR) | <input type="checkbox"/> Vocational Education and Training (VET) |
| University Course: | Course Applying For: |

SELECTION (ATAR)

| SUBJECTS | CURRENT MARKS | RECOMMENDED |
|--|---------------|--------------------------|
| Subject 1 (Tick One): <input type="checkbox"/> English ATAR / <input type="checkbox"/> Literature ATAR | | <input type="checkbox"/> |
| Subject 2 (Tick One): <input type="checkbox"/> Religion and Life ATAR / <input type="checkbox"/> Religion and Life General | | <input type="checkbox"/> |
| Subject 3: | | <input type="checkbox"/> |
| Subject 4: | | <input type="checkbox"/> |
| Subject 5: | | <input type="checkbox"/> |
| Subject 6: | | <input type="checkbox"/> |

SELECTION (VET)

| SUBJECTS | CURRENT MARKS | RECOMMENDED |
|--|---------------|--------------------------|
| Subject 1: English General | | <input type="checkbox"/> |
| Subject 2: Religion and Life General | | <input type="checkbox"/> |
| Subject 3: Career and Enterprise General | | <input type="checkbox"/> |
| Subject 4: | | <input type="checkbox"/> |
| Subject 5: | | <input type="checkbox"/> |
| Subject 6: | | <input type="checkbox"/> |

CHECK LIST (INTERVIEWER USE ONLY)

| ATAR | VET |
|---|--|
| <input type="checkbox"/> English or Literature | <input type="checkbox"/> English General |
| <input type="checkbox"/> Religion ATAR or General | <input type="checkbox"/> Religion and Life General |
| <input type="checkbox"/> List B Subject | <input type="checkbox"/> Career and Enterprise |
| <input type="checkbox"/> 5 ATAR Subjects | <input type="checkbox"/> List B Subject |
| <input type="checkbox"/> 6 Total Subjects | <input type="checkbox"/> 6 Total Subjects |

REFERRAL (INTERVIEWER USE ONLY)

- Not Needed
- Online Referral Form Completed:
- VET: Mrs Fiona Black
 - Careers: Mrs Lynn Wilson
 - College Leadership Team
 - Head of Learning Area

COMMENTS / NOTES (INTERVIEWER USE ONLY)

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| Student Signature: | Parent Signature: | Date: |
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