Student ID :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( for office use) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIAL ASSESSMEN**T FORM A02**A

Address:

Post Code: \_\_\_\_\_\_\_\_ \_\_\_\_\_

Title: (e.g: Miss/ Mrs/Mr/Dr/Prof)

First Name:

Surname:

**Tel:**

**Date:**

**Email :**

**Signature:**

A.1 What course or programme or career would you like to go into? (Examples ICT, Maths, etc)

A.2 Do you have any prior qualification in the above choice at any level? YES or NO

A.3 If yes at what level? (e.g. beginners, level 2, etc)

A.4. Tell us what you are currently doing (also include skills you are using e.g ICT, Communication, etc)

 Continue overleaf in A

B. What would you like to do in the future for your business/career development? (Think about improvements you would like to see in your life regarding business or career development, e.g. increase in revenue (income), business growth, movement in jobs, etc)

 Continue overleaf in B.

**AGe Group: (PLEASE Circle or tick one)**

**B.1: Above 16 B2: 16 AND BELOW**

**Continuation**

A.4

 B.

 Your may take the skills test. See attached skills test form.