

| Student Name:               |  | Student ID:     |                                  |
|-----------------------------|--|-----------------|----------------------------------|
| Course:                     |  |                 |                                  |
| Intervention Meeting Reason |  | Date:           |                                  |
| Participants:               |  |                 |                                  |
| Reason for this Inte        | rvention   |                 |                                  |
| Student At-Risk             | of Unsatisfactory Course Progress  |                 |                                  |
| ☐ Trainer/Student           | Support Staff requested intervention   |                 |                                  |
| Student reques              | ed intervention  |                 |                                  |
| Other, please sp            | pecify   |                 |                                  |
|                             |  |                 |                                  |
| What are the aims           | of this intervention?  |                 |                                  |
| For the student             | to catch up on missed units/assessments  |                 |                                  |
| For the student             | to adhere to Westin College Code of Conduct  |                 |                                  |
| ☐ To meet Course            | Progress/Participation requirements  |                 |                                  |
| Other, please sp            | pecify   |                 |                                  |
| Supporting docume           | nts or evidence provided to support students compelling/compassionate reasons or to su | pport this into | ervention strategy. For example: |
| ☐ Medical docum             | ents/certificates Attached?  |                 |                                  |
| Other (please s             | pecify)  |                 |                                  |

| <b>Document Name:</b> Intervention Strategy Form |                                       | RTO Code: 45821           | CRICOS Code: 03997C       |  |
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## **Intervention Strategy - Outline**

| Provide details of baci | kground and areas of concern and discussions to be neid: |
|-------------------------|--|
| Student Support:        |  |
| (History of events      |  |
| and occurrences)        |  |
|                         |  |
|                         |  |
|                         |  |
| Sign:                   |  |
|                         |  |
| Date:                   |  |
|                         |  |
|                         |  |
| Trainer/ Assessor:      |  |
| (include details of     |  |
| support, actions &      |  |
| communications)         |  |
|                         |  |
|                         |  |
|                         |  |
|                         |  |
| Sign:                   |  |
|                         |  |
| Date:                   |  |
| C. I                    |  |
| Students Feedback       |  |
| and comments            |  |
| (See attached           |  |
| Student Statement       |  |
| Form if required)       |  |
|                         |  |
|                         |  |
|                         |  |
| Sign:                   |  |
|                         |  |
| Date:                   |  |
|                         |  |

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\*\* The student must be encouraged to contribute their own ideas for the intervention strategy.

### **Intervention Strategy – Plan**

| Provide details<br>intervention m<br>outcome strate<br>agreed actions | eeting<br>egies and/or |  |                   |                 |                   |                    |                |
|---|------------------------|--|-------------------|-----------------|-------------------|--------------------|----------------|
| <b>18</b>   |                        |  |                   |                 |                   |                    |                |
|   |                        |  |                   |                 |                   |                    |                |
|   |                        |  |                   |                 |                   |                    |                |
| Intervention  |                        |  |                   |                 |                   |                    |                |
| Commenceme  | nt Date:               |  |                   |                 |                   |                    |                |
| Intervention Co   | ompletion              |  |                   |                 |                   |                    |                |
| Date:   |                        |  |                   |                 |                   |                    |                |
| Date of schedu  | led follow up          |  |                   |                 |                   |                    |                |
| Meeting/s:  |                        |  |                   |                 |                   |                    |                |
|   | ired to schedul        | e a re-assessment activity<br>Il in Units of Competence due to poo | or participation, | did not submit, |                   | e charged:         | ☐ Yes ☐ No     |
| Enter details of ur   | nit's student is red   | quired to be re-assessed or re-enrolled                            | in.               |                 |                   |                    |                |
| Unit Code   | Unit Title             |  | Trainer           | Fee*            | Intervention Plan | Completion<br>Date | Outcome/Result |
|   |                        |  |                   | \$              | ☐ Re-enrolment    |                    |                |
|   |                        |  |                   |                 | ☐ Re-assessment   |                    |                |
|   |                        |  |                   |                 | ☐ Other, specify  |                    |                |

Key: **Re-enrolment** = re-enroll in unit/s, **Re-Assessment** = undertake and/or submit a missed, did not submit or a Not Satisfactory assessment

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<sup>\*\*</sup> Fees should not be incurred by the student when documented compelling/compassionate reasons and evidence presented.



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Westin College

#### **Intervention Strategy Form**

### **Intervention Strategy – Agreed Outcomes and Actions/Student Acknowledgement**

Approved: 15 June 2023

16-18 Aberdeen Street, Perth WA -6000

| Student is to read and ackr   | owledge the following:  |   |  |
|---|---|---|--|
| I confirm and agree that I I have been advised and the Student Services Staf I have been advised and up studies, assessment at I have been advised and or in person at the recept I have been advised and up and reviewed by a Trained and evidence of compellin I have been briefed and up | intion Strategy outlined herein has been explained to me, discussed and that I will to the best of my ability follow the meeting outcome strategies and agree understand that should I have any questions and/or concerns regarding meet if straight away.  Inderstand that I should contact my trainer or the Academic Manager as soon ind/or units of competency via email.  Inderstand that I have access to and can request support and/or assistance if ion area. Email: <a href="mailto:admissions@westicollege.com.au">admissions@westicollege.com.au</a> , by phone: 08 6185 1010.  Inderstand that I will need to pay all late/re-assessment/re-enrolment relevant if er. Furthermore, I understand that there will be NO FEE payable where straig/compassionate reasons. Relevant fees will be as listed above/within this Inderstand that Unsatisfactory Course Progress and poor participation/attendant College, as outlined in your letter of offer/acceptance and the International Straight and the International Straight and the International Straight and the International Straight and Intern | ed actions outlined ting the strategy place as possible should from my trainer and fees PRIOR to any students have presentervention Strateg nce may result in a | herein; an/s or outcomes, that I will notify my trainer and/o I have any questions regarding any of d/or the Student Services Staff via email, face to face chedule changes, and/or assessments being scheduled inted appropriate and relevant documented reason y document. ction commencing to issue a notice of intent to cance |
| I,Strategy document.  | <u>t:</u> (Student Name) acknowledge and agreed to the agreed outc  | omes and action   | ns outlined above and within this Intervention   |
| Student's Signature:  |   | Date:   |  |
| Trainer or Student<br>Services Staff<br>Signature:  |   | Date:   |  |
| Manager Signature:  |   | Date:   |  |
| Additional Comments/Feedl   | pack  |   |  |

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| Office Use:   |                                     |                           |             |                                    |              |             |       |  |
|---|-------------------------------------|---------------------------|-------------|------------------------------------|--------------|-------------|-------|--|
| The following parties have been advised of the agreed outcomes/action this Intervention Strategy Meeting/Plan                         |                                     |                           |             |                                    |              |             |       |  |
| Administration  | Accounts                            | □т                        | rainer      | ☐ Management                       |              |             |       |  |
| ☐ A copy of this signed Interven  | tion document has been              | provided to the St        | tudent      |                                    |              |             |       |  |
| ☐ A copy of this signed Interven  | tion document has been              | provided to the re        | elevant Tra | iner (if applicable)               |              |             |       |  |
| Student has been sent an ema  | ail confirming the outcom           | e of this Interven        | tion Meeti  | ng and Agreed Outcomes and Actions | s: Yes       | ☐ No Date S | Sent: |  |
| ☐ The signed Intervention docu  | ment has been scanned a             | nd saved in <b>Cont</b> a | acts tab in | the students' profile              |              |             |       |  |
| ☐ A Note regarding this Interver  | ntion Meeting has been e            | ntered onto the s         | tudent's pi | rofile                             |              |             |       |  |
| ☐ The relevant forms and proce  | sses have been generate             | d and completed a         | as required | by the Intervention Outcomes/Actio | ns. For exar | mple:       |       |  |
| <ul> <li>All relevant and require</li> <li>Student Management S</li> <li>PRISMS updated as req</li> </ul> Additional Notes / Comments |                                     |                           |             |                                    |              |             |       |  |
| The above Student Services comp   | oleted by:                          |                           |             |                                    |              |             |       |  |
| Above action completed by (Enter Name)  | Signature:   Date Action completed: |                           |             |                                    |              |             |       |  |
| Follow-up Notes:  |                                     |                           |             |                                    |              |             |       |  |
| Intervention Successful   | YES NO                              | Confirmed By:             |             |                                    | Initials:    |             | Date: |  |
| Intervention NOT successful   |                                     |                           |             |                                    |              |             |       |  |
|   | Issue Notice of Intentio            | . ,                       |             | Course Progress)                   |              | YES/        |       |  |
|   | Other (specify):                    | ention strategy Pla       | a11         |                                    |              | YES/        |       |  |
|   | Other (specify): YES/NO             |                           |             |                                    |              |             |       |  |

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