



Intervention Strategy Form

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

This form will be used by the Student Support Officer or an Institute representative in conjunction with the student. The student will receive a copy of this form. Completed copies will be kept in the student's file.

Identify the reason for which individual intervention strategy is being implemented

- ☐ Student is at risk of breaching Academic Progress requirements – Go to Part A and C
☐ Student is at risk of breaching Attendance requirements – Go to Part B and C
☐ Student is identified as unable to complete course within expected duration – Go to Part C.
☐ Other; please specify.

Please identify: Briefly describe the reason for the intervention strategy and how this was identified: [Why? Please elaborate]

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

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

NYC Unit Code and Name	Study period in which the unit was scheduled:

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

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



Part C (Mandatory section to be filled)

Documentation of Intervention Strategy (Course progress and Attendance requirements)
(Intervention Strategy Applied)

- ☐ Reduced Study Load (complete Part D)
- ☐ English language support.
- ☐ Academic Skills Support and LLN Support
- ☐ Specific subject enrolment

- ☐ Change of Course.
- ☐ Re-assessment (complete Part E)
- ☐ Counseling.
- ☐ Mentoring:

- ☐ New Study Plan: Placing students in suitable alternative subjects within a course or a suitable alternative course, or a combination of the above and a reduction in course load.
- ☐ Extension of CoE.

Length to be extended to complete course:

Weeks [.....]

Date from.../...../.....

Date to/...../.....

- ☐ Others; please identify [What do you offer to students to finish the course within specified duration of CoE]

Additional Notes:

Proposed Study Load

(Discuss with the student the study load required to complete required studies within the CoE)

- ☐ Rescheduled weekend classes
☐ New Study Plan (Appendix 1)
☐ Rescheduled weekday Classes
☐ Reassessment Schedule
☐ Others, please specify.



Part E

Reassessment required due to:

- ☐ Marked not yet competent.
- ☐ Unable to complete assessment.
- ☐ Plagiarism/cheating
- ☐ Others, please specify.

Reassessment Schedule:

Venue:

Date:

Time:

Intervention Strategy Notes:

Next follow up meeting (If required)

Date:

Purpose:





Privacy Statement

Information is collected on this form and during your enrolment to meet the institute's obligations under the Education Services for Overseas Students Act 2000 (ESOS Act) 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 units in the given study period to achieve minimum competency level.

Failing to maintain satisfactory course progress for two consecutive study periods will require Institute 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 the Institute 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.

- 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.
- In case of re-assessment, I agree to undertake re-assessment as per the schedule mentioned above and submit my original work as per the assessment conditions and use referencing wherever someone else's words, ideas or research is used.
- I agree from now on that my performance will be satisfactory on 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 behavior 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/behavior up to date.
- I understand that this form/contract in no way guarantees that I will pass 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 the cancellation of my enrolment.
- I understand my right to access Institute's Complaints and Appeals procedure if I am not satisfied with the intervention strategy.

Student Signature:

Date:

Student Support or Institute Representative:

Date:





Appendix

Appendix 1: New Study

This section is to be completed by the **Training Department / Institute Representative** in conjunction with the student.

Please Note: It is the responsibility of the student to maintain their enrolment in conjunction with this Study Plan

Unit Code	Unit Name	Group Number	Start Date	Completion Date

(Please use additional page if required)

