

# Client Needs Summary

Evolution Hospitality Institute

RTO # 91256 CRICOS 02869G



Student Name: \_\_\_\_\_

Student Number \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please tick**

1. Assistance with translating your native language

Language \_\_\_\_\_

2. Assistance in English Proficiency

a. Speaking

b. Writing

c. Listening

d. Reading

3. Assistance in developing numeracy skills

a. Arithmetic

b. Ratio

c. Calculus

4. Other request-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ADMIN USE ONLY

Internal Source: \_\_\_\_\_ External Source: \_\_\_\_\_

Student contacted within 5 days of receiving application: \_\_\_\_\_

Outcomes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ signed: \_\_\_\_\_

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_