

# READING, WRITING & MATHS TASKS

<b>NAME</b>		<b>DATE</b>	
<b>OCCUPATION</b>			
<i>Tick the course you are enrolled in</i>			
<input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> White Card <input type="checkbox"/> Forklift <input type="checkbox"/> Working at Heights <input type="checkbox"/> Confined Space <input type="checkbox"/> Elevated Work Platform <input type="checkbox"/> HSR	<input type="checkbox"/> RSA <input type="checkbox"/> Food Hygiene <input type="checkbox"/> Food Safety Supervisor <input type="checkbox"/> RCG <input type="checkbox"/> Computers	

## INSTRUCTIONS

This task helps WRCC find out more about your skills in reading, writing and maths. These skills are a basic requirement for you to be able to complete your course.

- Fill in the document including the time started and finished
- If you are an employer enrolling staff, ensure each person completes this form on their own and signs the declaration
- Return the completed task via email or drop it in to one of our locations:
  - a) Email – scan or take a photo and email to: [enrolments@wrcc.nsw.edu.au](mailto:enrolments@wrcc.nsw.edu.au)
  - b) Drop off at – Western Riverina Community College
    - Griffith Office:** 23 Hickey Crescent, Griffith
    - Leeton Office:** 3 Wade Avenue, Leeton

After WRCC reviews this task, our student support officer will contact you prior to course commencement if further action is required.

# READING, WRITING & MATHS TASKS

PLEASE COMPLETE TIME STARTED: \_\_\_\_\_ AM/PM

## PRE-COURSE QUESTIONS

Please answer the following and place a tick in the YES or NO boxes

- Is English your second language?  YES  NO
- Do you require an interpreter to understand, read, write and understand the English language?  YES  NO

If you answered **YES** to this question, please contact WRCC for assistance and **do not complete this survey**.

## DECLARATION

*I DECLARE THAT THIS IS MY OWN WORK. I have completed it honestly, to the best of my ability and without help. I understand that making a false declaration means I may be liable to lose any fees paid for my course and be required to recommence enrolment.*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WRCC STAFF SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PART A: SELF-ASSESSMENT

### 1. Tell us about your skills

I can ...	YES I can do this by myself	NO I need help to do this	SOMETIMES I can do this by myself
Understand signs			
Fill in a time sheet			
Count and check change when shopping			
Use a calculator for + – x ÷			
Add up the prices of things in my head			
Follow instructions for a task			
Write notes, letters or emails			
Speak at meetings or in a group			
Send a text message			
Use the internet to get information like telephone numbers			
Use a computer to email			
Read a work roster			
Read a newspaper			
Use an equipment manual			
Read a Google map or street directory			
Read and understand letters or bills			
TOTALS			

Office Use Only    Score \_\_\_\_\_

## PART B: READING

1. Use this information to answer the questions that follow:

<b>Know your Fire Extinguisher</b>						
<i>Symbols found on fire extinguishers and what they mean</i>		 WATER	 FOAM SPRAY	 ABC POWDER	 CARBON DIOXIDE	 WET CHEMICAL
Wood, paper & textiles		✓	✓	✓	✗	✓
Flammable Liquids		✗	✓	✓	✓	✗
Flammable Gases		✗	✗	✓	✗	✗
Electrical Contact		✗	✗	✓	✓	✗
Cooking oils & fats		✗	✗	✗	✗	✓

a) Which extinguisher can **ONLY** be used on wood, paper & textiles?

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b) Which extinguisher **CANNOT** be used on wood, paper & textiles?

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c) Name one extinguisher that **CANNOT** be used on cooking oils and fats.

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d) Which extinguisher **CAN** be used on flammable gases?

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## RECOGNISING COMMON WORDS

2. Use the words from the box below to fill in the blanks

<b>body</b>	<b>supervisor</b>	<b>hard</b>	<b>injury</b>
<b>job</b>	<b>hazards</b>	<b>lift</b>	<b>safe</b>

### TIPS FOR WORK SAFETY

- a) Staying healthy and \_\_\_\_\_ at work is important. In all the things you do, it is important to reduce your risks of injury or illness at work. Here are some tips to help make your workplace safe.
- b) Once you know the possible dangers of your \_\_\_\_\_, you can take steps to keep yourself well at work.
- c) Staying fresh and alert will help you avoid \_\_\_\_\_.
- d) Instead of trying to \_\_\_\_\_ or carry a heavy object, use a wheelbarrow, trolley or forklift, or ask a workmate for help.
- e) If you do need to pick up and carry heavy loads, keep the load close to your \_\_\_\_\_ and lift with your thigh muscles.
- f) Protective equipment such as earplugs, earmuffs, \_\_\_\_\_ hats, safety goggles, gloves or a full-face mask can reduce your risk of injury.
- g) Your employer or \_\_\_\_\_ need to be informed about \_\_\_\_\_ and risks.

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## PART C: WRITING

1. What do these signs mean? Write in YOUR OWN WORDS.

a)



b)



c)



Office Use Only Score \_\_\_\_\_

**2. Write at least TWO SENTENCES for each question in the spaces below:**

a) What are some of the things you do in your job? If you are not working, what are some things you do in your free time?

b) What are some things you have to do at work to keep yourself and others safe on the job or at home?

c) What machines or equipment do you use at work, home or leisure activities?

Office Use Only Score \_\_\_\_\_

## PART D: MATHS

### 1. Complete the following:

a) Add these numbers:

$$\begin{array}{r} 35 \\ + 27 \\ \hline \end{array}$$
$$\begin{array}{r} 120 \\ + 14 \\ \hline \end{array}$$

b) Multiply these numbers:

$$\begin{array}{r} 10 \\ \times 20 \\ \hline \end{array}$$
$$\begin{array}{r} 15 \\ \times 20 \\ \hline \end{array}$$

Did you use a calculator? Please tick YES  NO

**2. There is a pallet at your work that is stacked with cartons and it needs to be moved. Before you move it, you must find the TOTAL WEIGHT of the load.**

**Use the information below to work out this out. Please show all your working out.**

- One (1) carton = 25 kg
- Four (4) cartons per layer
- Six (6) layers
- Pallet = 35kg

**What is the total weight?**

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Did you use a calculator? Please tick YES  NO

**PLEASE NOTE TIME FINISHED: \_\_\_\_\_ AM/PM**

Office Use Only Score \_\_\_\_\_ Time \_\_\_\_\_



### OFFICE USE - ASSESSMENT OUTCOME

LLN ASSESSMENT OUTCOME	Yes(✓) or No (X)	COMMENTS
Did the participant self-identify areas of concern that may affect success in the chosen course?		
Did the participant have problems communicating or writing in a manner that was clear, fluent and satisfactory for the level required for the workplace?		
Did the participant have trouble understanding some of the questions being asked?		
Would the participant have difficulty in meeting the requirements of the theory and practical assessment?		
<input type="checkbox"/> No support required <input type="checkbox"/> Participant enrolled <input type="checkbox"/> Requires LLN support and/or reasonable adjustments		
What type of support was identified and what adjustments are required to enable participation in the training?  <input type="checkbox"/> Verbal assessment <input type="checkbox"/> Tutorial support from SSO prior to attending class <input type="checkbox"/> SSO to provide reader or writer support <input type="checkbox"/> Modified assessment tool eg printed with larger font <input type="checkbox"/> Participant not suitable due to LLN ability		
<hr/> Can the identified support and adjustments be managed in class by the Trainer?  <input type="checkbox"/> YES <input type="checkbox"/> NO   Explain why: _____		
<hr/> Participant advised of the outcome and the adjustments that can/cannot be applied  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Trainer advised of the outcome and the adjustments that can/cannot be applied  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Participant has been enrolled  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of staff member who participant has been referred to and action taken: _____		
WRCC Staff Member: _____ Date _____		

## AUSTRALIAN SKILLS CORE FRAMEWORK GUIDELINES FOR DETERMINING LLN LEVEL

The following Australian Skills Core Framework (ASCF) levels detailed below indicate the required level of reading, writing, oral communication and numeracy for entry into our foundation courses.

When undertaking the LL&N assessment these indicators should be referred to as benchmarks/indicators for achievement. When these levels/indicators are demonstrated, LL&N support would not be required.

	<b>Reading - 2</b>	<b>Reading - 3</b>	<b>Oral Communication - 3</b>	<b>Numeracy - 2</b>
<b>ASCF LEVEL</b>	<p>*Identifies and interprets relevant information and ideas from texts and familiar topics.</p> <p>*Uses a number of reading strategies to identify and interpret relevant information within familiar text types</p>	<p>*Communicates relationships between ideas and information in a style appropriate to audience and purpose</p> <p>*Selects vocabulary, grammatical structures and conventions appropriate to the text.</p>	<p>*Selects and uses appropriate strategies to establish and maintain spoken communication in familiar and some unfamiliar contexts</p> <p>*Derives meaning from a range of oral texts in familiar and some unfamiliar contexts</p>	<p>*Identifies and comprehends relevant mathematical information in familiar activities or texts</p> <p>*Selects and uses appropriate familiar mathematical problem-solving strategies to solve problems in familiar contexts</p>