



## APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL) & CREDIT TRANSFER (CT)

**Step 1:** Find out what RPL and CT are about and whether you are eligible or not.

Focus during orientation and read up on our RPL/CT process on the website and in the student information brochure.

**Step 2:** Talk to a trainer about your background, experience and previous qualifications to find out if you are possibly eligible for RPL in one of our courses or Credit Transfer on one of unit of competency.

**Step 3:** If the answer is a possible yes, then you should complete this application form. It must be completed in full and provide the support document prior the submission.

**Step 4:** Submit the application for assessment.

**Step 5:** You may be interviewed by the assessor.

**Step 6:** You will be given an answer in person and/or in writing.

**Step 7:** If your application is granted, you will have an alternate course timetable with adjust attendance and fees accordingly.

### Notes to assist you to complete this application form

- If you are applying for direct **CREDIT TRANSFER** only (for Students who have completed exact competencies in previous learning) please complete this page and Page 2 only and attach copies of qualifications / statements of competencies already achieved.
- If you are applying for **RECOGNITION OF PRIOR LEARNING** because you feel your previous courses/programs or previous employment, voluntary and life experience is similar to the competencies outlined please complete this page and Page 3 and 4 only.

### Student's Personal Details

Full Name	
Student Number	
Address	
Email address	
Mobile Number	
Course	
Place of Employment (if applicable)	



RTO CODE: 45360 CRICOS CODE: 03690M

For Students who have completed equivalent units and have evidence of Qualification, Statement of Attainment/s and Statement of Results/s.

**PLEASE LIST UNIT/S & ATTACH A COPY OF QUALIFICATION/S AND STATEMENT/S**

[illegible]



Name of Previous Institution	
Attachment: <input type="checkbox"/> Transcript <input type="checkbox"/> Other:	

**Declaration by Student**

I believe that the information I have completed in this application is true and correct.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only**

<b>Academic</b>	<b>Remaining Units:</b> _____	<b>Student Services Officer</b>
<b>No of Units Credited:</b>	<b>Tuition Fees:</b> _____	<input type="checkbox"/> Update academic record
<b>Adjusted Course Duration:</b>	<b>Credit Transfer Fees:</b> _____	<input type="checkbox"/> Update database
<b>Approved by:</b>	<b>Misc Fees:</b> _____	<b>Processed by:</b>
<b>Date:</b>	<b>Total Fees:</b> _____	<b>Date:</b>
<b>G*: Granted R*: Refused</b>	<b>Admissions:</b>	<b>Accounts:</b>
<b>Notes:</b>	<input type="checkbox"/> L.O.O <input type="checkbox"/> C.O.E <b>Processed by:</b>	<b>Payment:</b>
	<b>Date:</b>	<b>Processed by:</b>
		<b>Date:</b>

**RECOGNITION OF PRIOR LEARNING STUDENTS**

**TRAINING EXPERIENCE**

**TRAINING COURSES/PROGRAMS PREVIOUSLY ATTENDED WHICH YOU CONSIDER RELEVANT TO THE PROGRAM YOU ARE NOW ENTERING.**

List units for which you are seeking RPL

Unit Code	Unit Title

**Details of previous training programs attended where you believe they relate to the above units.**



Qualification/Statement date of issue	Qualification Title	Issued by	Units the Qualification/ Statement relates to

**PLEASE ATTACH COPIES OF:**

- Qualification/s and/or Statement/s of Attainment as mentioned above
- Statement of Results listing competencies achieved
- Any other documented evidence

**Related Work and Life Experience**

**CURRENT OR PREVIOUS WORK RELATED ACTIVITIES YOU BELIEVE SUPPORT YOUR APPLICATION FOR RECOGNITION OF PRIOR LEARNING**

Organisation	Year/s and months experience	Work related activities	Unit Number these Activities relate to

PLEASE PROVIDE ANY OTHER INFORMATION OR EVIDENCE TO SUPPORT THIS APPLICATION

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Please return this application to your training representative for processing. A desktop assessment of your application and supporting documents will be followed up with you by telephone and a meeting where required. Results will be provided to you in writing.



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**Office use only**

**Recognition of Prior Learning Results**

Assessors Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date results given to Student: \_\_\_\_\_

Assessor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Date
<i>Support given to Student</i>	
Pre-interview and self assessment	
Evidence gathering	
Assessment Interview conducted	

**Evidence submitted**

Evidence	Tick	Evidence	Tick
Work samples		Observation at work/training site	
Third party reports		Demonstration of tasks	
Interview questions		Qualification/statements	
Documents from training			