

Application for the Recognition of Prior Learning



| STUDENT DETAILS: | | |
|-------------------------|---------|--------------|
| Name | Address | P/code |
| Telephone | Email | |

| The process for application: |
|---|
| <p>Prior to completing this form you should talk to the Training Manager to familiarize yourself on the process moving forward and also get a better understanding of the chances of your success in application for RPL.</p> <p>You should also ask the Training Manager for a copy of the course outline and performance criteria for each competency you believe you may gain RPL.</p> <p>If you assess yourself as meeting the elements, performance criteria and associated components of the training package then you should complete this application and pay the appropriate fees.</p> |

| Which course are you seeking RPL? |
|--|
| Qualification Code: Name: |

Please Note: the fee to assess students for RPL is \$300 per unit of competency. There is no refund of the RPL fee should the student be deemed as unsuccessful in RPL.

One of our trainer/assessors will review your application and make the decision as to your competency. The evidence must match the performance criteria very clearly and satisfy the assessor that you genuinely have the skills and knowledge you are presenting for recognition.

If recognition of previous learning is assessed as unfavourable, the student will have the chance to appeal decision at little or no cost. Refer to the complaints and appeals policy and subsequent complaints and appeals application form.

| EMPLOYMENT DETAILS: | | |
|----------------------------|----------|--------------|
| Employer | Address | P/code |
| Contact | Position | |
| Telephone | Email | |

EDUCATION/TRAINING COMPLETED

COURSE/EDUCATION
(ie: Certificate/Diploma/Degree)

ORGANISATION
(TAFE/University/Company/Private
Provider)

COURSE DURATION
(Number of Hours/Weeks/Years)

SUBJECTS STUDIED

SUBJECT DETAILS
(Course Title/Description of Key Areas covered)

SUBJECT DURATION
(Number of Hours/Weeks/Years)

EMPLOYMENT HISTORY

**NAME OF COMPANY
EMPLOYER**

**POSITION AND DUTIES
PERFORMED**

**EMPLOYMENT
DURATION** (ie: List Dates from
and until – full or part time)

Please list the Units that you are applying for competency in the table below

REQUESTING COMPETENCY THESE UNITS

UNIT CODE

UNIT DESCRIPTION

SUPPORTING AND ADDITIONAL EVIDENCE BELOW

| EVIDENCE/SUPPORTING DOCUMENTS ATTACHED | Tick below |
|--|--------------------------|
| Detailed Resume/Curriculum Vitae | <input type="checkbox"/> |
| Work Experience (log book) | |
| Statement Transcript of units completed (Original req) | <input type="checkbox"/> |
| Personal Experiences | <input type="checkbox"/> |
| Non Accredited Course | <input type="checkbox"/> |
| Volunteer Work | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

I hereby declare that all details in this application are true and accurate.

Applicant Signature: _____ Date: _____

Thank you for completing this application

IMPORTANT

**Please ensure you have attached all transcripts/course certificates undertaken and details of work duties etc to support your application. Detailed completion of this form will assist in your assessment for Recognition of Prior Learning
The Training Manager will be in contact and will forward trainee/student written advice of the assessment outcome in due course.**