RPL/RCC/Credit Transfer: Assessment Application Form

Tick ✓

Recognition of prior learning (**RPL**):	Means an assessment process that assesses the competency(s) of an individual that may have been acquired through formal, non-formal and informal learning to determine the extent to which that individual meets the requirements specified in the training package or VET accredited courses.

a. **formal learning** refers to learning that takes place through a structured program of instruction and is linked to the attainment of an AQF qualification or statement of attainment (for example, a certificate, Statement of Attainment, diploma or university degree received from institutions such as school; university; correspondence school; TAFE; or other RTOs.)

b. **non-formal learning** refers to learning that takes place through a structured program of instruction, but does not lead to the attainment of an AQF qualification or statement of attainment (for example, in house professional development programs conducted by a business, "toolbox" talk; formal "in-house" course or just experience gained through your place of work.)

c. **informal learning** refers to learning that results through experience of work-related, social, family, hobby or leisure activities (for example the acquisition of interpersonal skills developed through several years as a sales representative).

Student Details:
(PLEASE PRINT CLEARLY)

Given Name/s:		**Date of Birth:**	DD / MM / YYYY
(Family/last) Surname:		**Gender:(circle)**	M F X
Title: (circle)	Ms. Mrs. Mr. Dr. Other_____	**Mobile No:**	
Drivers licence No:	State	**Type**	
Street Address:			STATE P/CODE
Email address:		**Alternate No:**	

USI Number: Unique Student Identifier: (Enter USI number if not yet submitted) ☐☐☐☐☐☐☐☐☐☐

Details of Course/Unit You are Applying for

Unit Code:		**Name of Unit:**	

NOTE – A new application is required for each Unit of Competency applied for.

Recognition of Prior Learning (RPL)

Directions:

Please explain the ways in which you believe your prior or current experience relates to what you are applying for.

Remember, you do not have to fill in every section if there is a definite match with the Unit of Competency you are applying for.

Please complete this form as accurately as possible and provide any supporting documentation as attachments.

If you have any queries whilst completing this form, please feel free to contact the office for assistance.

Formal Qualifications:

Qualification	Relevant Subjects	Institution

Please provide details of any additional relevant formal training you have undertaken

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Life Experiences:

Please provide details of any additional relevant formal training you have undertaken

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Work Experiences – Self Evaluation:

Employer 1:		Contact Name:		
Street Address:			STATE	P/CODE
Email address:		Mobile No:		
Dates Employed:	DD / MM / YYYY to DD / MM / YYYY	Employment Type:	Full / Part Time / Casual	

Please detail the type of work experiences that can be related to this Unit of Competency:

Task Description	I have performed these tasks			Evidence to support claim	
	Often	Some-times	Never	Doc No.	Documentation provided (Clearly identify provide documentation.)

Supervisor's Comments: *Please provide a comment on the candidate's ability to perform the above work task/s.*

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Supervisor's Name		Position	
Supervisor's Signature:		Date:	DD / MM / YYYY

Work Experiences – Self Evaluation:

Employer 2:		Contact Name:			
Street Address:				STATE	P/CODE
Email address:			Mobile No:		
Dates Employed:	DD / MM / YYYY to DD / MM / YYYY		Employment Type:	Full / Part Time / Casual	

Please detail the type of work experiences that can be related to this Unit of Competency:

Task Description	I have performed these tasks			Evidence to support claim	
	Often	Some-times	Never	Doc No.	Documentation provided (Clearly identify provide documentation.)

Supervisor's Comments: *Please provide a comment on the candidate's ability to perform the above work task/s.*

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Supervisor's Name		Position	
Supervisor's Signature:		Date:	DD / MM / YYYY

Work Experiences – Self Evaluation:						
Employer 3:			**Contact Name:**			
Street Address:					**STATE**	**P/CODE**
Email address:			**Mobile No:**			
Dates Employed:	DD / MM / YYYY to DD / MM / YYYY			**Employment Type:**	**Full / Part Time / Casual**	

Please detail the type of work experiences that can be related to this Unit of Competency:

Task Description	I have performed these tasks			Evidence to support claim	
	Often	**Some-times**	**Never**	**Doc No.**	**Documentation provided** (Clearly identify provide documentation.)

Supervisor's Comments: *Please provide a comment on the candidate's ability to perform the above work task/s.*

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Supervisor's Name		**Position**	
Supervisor's Signature:		**Date:**	DD / MM / YYYY

Third Party Report for Work Experience: *(Referee testimonial)*

Directions: All people who can verify your work are to complete the details below to ensure validity

Employer / Business 1:		**Referee's Position**	
Referee's Given Name:		**Referee's Surname:**	
Street Address:		STATE	P/CODE
Email address:		**Mobile No:**	
Candidate's Given Name/s:		**(Family/last) Surname:**	
Dates Employed:	DD / MM / YYYY to DD / MM / YYYY	**Employment Type:**	**Full / Part Time / Casual**

As part of the assessment for <   insert qualification code and title   >, the candidate requires evidence from a third party (employer, supervisor or equivalent). This evidence will be used to validate the candidate's skills and experience.

A letter of support from the organisation validating a range of tasks performed by the candidate over a period of time is useful in identifying competence.

Please detail the type of work experiences that can be related to this Unit of Competency:

The candidate has regularly completed the following activities to an acceptable workplace/industry standard within this organisation.

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I understand the evidence/tasks the candidate has performed on which I have commented on.	☐ Yes ☐ No
I am willing to be contacted if further verification of my statements is required.	☐ Yes ☐ No

I certify that the above-named person has regularly completed the above mentioned activities to an acceptable workplace/industry standard within this organisation:

Referee Signature:		**Date:**	DD / MM / YYYY

Third Party Report for Work Experience: *(Referee testimonial)*

Directions: All people who can verify your work are to complete the details below to ensure validity

Employer / Business 2:		**Referee's Position**	
Referee's Given Name:		**Referee's Surname:**	
Street Address:		STATE	P/CODE
Email address:		**Mobile No:**	
Candidate's Given Name/s:		**(Family/last) Surname:**	
Dates Employed:	DD / MM / YYYY to DD / MM / YYYY	**Employment Type:**	**Full / Part Time / Casual**

As part of the assessment for <   insert qualification code and title   >, the candidate requires evidence from a third party (employer, supervisor or equivalent). This evidence will be used to validate the candidate's skills and experience.

A letter of support from the organisation validating a range of tasks performed by the candidate over a period of time is useful in identifying competence.

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I am willing to be contacted if further verification of my statements is required.	☐ Yes ☐ No

I certify that the above-named person has regularly completed the above mentioned activities to an acceptable workplace/industry standard within this organisation:

Referee Signature:		**Date:**	DD / MM / YYYY

Third Party Report for Work Experience: *(Referee testimonial)*

Directions: All people who can verify your work are to complete the details below to ensure validity

Employer / Business 3:		**Referee's Position**	
Referee's Given Name:		**Referee's Surname:**	
Street Address:		STATE	P/CODE
Email address:		**Mobile No:**	
Candidate's Given Name/s:		**(Family/last) Surname:**	
Dates Employed:	DD / MM / YYYY to DD / MM / YYYY	**Employment Type:**	**Full / Part Time / Casual**

As part of the assessment for < insert qualification code and title >, the candidate requires evidence from a third party (employer, supervisor or equivalent). This evidence will be used to validate the candidate's skills and experience.

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I am willing to be contacted if further verification of my statements is required.	☐ Yes ☐ No

I certify that the above-named person has regularly completed the above mentioned activities to an acceptable workplace/industry standard within this organisation:

Referee Signature:		**Date:**	DD / MM / YYYY

Learner Declaration:	**Learner Signature: (sign below)**
I (Full legal name) [_____] declare that: • I have been made aware of all terms, conditions and policies involving my enrolment, including complaints & appeals, legislation awareness and the student handbook • The information given in this application is true and accurate to the best of my knowledge • The materials submitted, is my own personal work and I have not participated in plagiarism, copying, cheating or collusion to achieve these recorded results. • If I have any "special needs" or difficulty with language, literacy or numeracy that I will let my trainer/assessor know	
	Dec. Date: DD / MM / YYYY

OFFICE USE ONLY

ASSESSOR'S COMMENTS – FORMAL QUALIFICATIONS

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ASSESSOR'S COMMENTS – WORK EXPERIENCE

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ASSESSOR'S COMMENTS – LIFE EXPERIENCE

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ASSESSOR'S COMMENTS – GENERAL

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OFFICE USE ONLY (continued)

ASSESSMENT

Assessor's Name: ....   Signature: ....

Credit for Prior Studies **(Credit transfer):**   granted ☐   not granted ☐

Recognition of Current Competency (**RCC**):   granted ☐   not granted ☐

Date: ....

Related Standard/s: Clauses 1.8, 1.12, 3.5