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RPL/RCC/Credit Transfer: Assessment Application Form

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

	activities (for example the acquisition of interpersonal skills developed through several years as a sales representative).															
	Student Details:															
				(PLEASE											
	Given Name	e/s:			•					ate o	of Birt	h:				
													DD / N	<u>1M /)</u>	YYY	-
(Family/	last) Surnar	ne:							Ge	ender	:(circl	e)	М	F		Χ
	Title: (circ	:le) Ms	. Mrs.	Mr.	Dr.	Oth	 r			Мо	bile N	o :		1		
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					yet sul	bmitte	ed)									
Details of	Course/Unit	You are	Applying	for												
Unit Cod	e:			Name o	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
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Please provide details of any additional relevant formal training you have undertaken
Life Experiences: Please provide details of any additional relevant formal training you have undertaken
Thease provide details of arry additional relevant formal training you have undertaken



Work Experiences	- Self Evaluation:								
Employer 1:						ntact ame:			
Street Address:								STATE	P/CODE
Email address:						Mob	ile No:		
Dates Employed:	DD I MM I YYYY	to DE) <u>/ MM / </u>)	<u>/YYY</u>	E	mplo	yment Type:	Full / Part Tim	e / Casual
Please detail the type	of work experiences	that can	ı be relat	ted to thi	s Unit	of Co			
Task Description		I have pe	rformed th	ese tasks			Evidence	e to support claim	
		Often	Some- times	Never	Doc No.	((Doc Clearly ide	umentation provide	ed entation.)
Supervisor's Com	ments: Please provid	e a comn	nent on th	ne candida	ate's al	bility to	perforn	n the above work	k task/s.
Supervisor's Name					Posit	ion			
Supervisor's Signature:							Date:	DD <u>/ MM /</u>	YYYY
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Work Experiences	- Self Evaluation:	•						
Employer 2:					Cont Nan			
Street Address:						•	STATE	P/CODE
Email address:						Mobile No:		
Dates Employed:	DD I MM I YYYY					mployment Type:	Full / Part Tim	e / Casual
Please detail the type	of work experiences	that car	ı be relat	ted to thi	s Unit o			
Task Description		I have pe	rformed th	ese tasks		Evidenc	e to support claim	
		Often	Some- times	Never	Doc No.	Doc (Clearly ide	umentation provide entify provide docume	d entation.)
Supervisor's Com	ments: Please provid	e a comn	nent on th	ne candida	ate's abii	lity to perforn	n the above work	task/s.
Supervisor's Name					Positio	on		
Supervisor's Signature:						Date:	DD <u>/</u> MM <u>/</u>	<u>YYYY</u>



Work Experiences	Self Evaluation:								
Employer 3:						ntact ame:			
Street Address:								STATE	P/CODE
Email address:						Mobi	le No:		
Dates Employed:	DD I MM I YYYY						Type:	Full / Part Tim	e / Casual
Please detail the type	of work experiences	that car	n be relat	ed to thi	s Unit				
Task Description		I have pe	rformed th	ese tasks			Evidence	e to support claim	
		Often	Some- times	Never	Doc No.	(C	Doc learly ide	umentation provide entify provide docume	e d entation.)
Supervisor's Com	nents: Please provid	e a comn	nent on th	ne candida	ate's al	bility to	perforn	n the above work	k task/s.
Supervisor's Name					Posit	ion			
Supervisor's Signature:							Date:	DD <u>/ MM /</u>	YYYY



Third Party Rep	ort for	Work	Expe	rienc	e: (R	Refer	ee te	stimo	nia	I)						
Directions: All ped	ople who	o can ve	erify yo	our wo	ork ar	re to	comp	olete th	ne d	letails	below to e	nsur	e vali	dity		
Employer / Business 1:										ee's ition						
Referee's Given Name:										ee's ame:						
Street Address:													ST	ATE	P/CO	DE
Email address:										N	Mobile No:					
Candidate's Given Name/s:								(Fam St		last) ame:						
Dates Employed:	DD	<u>/ MM /</u>	YYYY	_ to	DD	<u>/</u> MN	// <u>/</u> Y	YYY			ployment Type:	Fu	II / Pa	rt Tim	e / Cası	ıal
As part of the assess party (employer, sup A letter of support fro useful in identifying of Please detail the typ	ervisor on the or competer	or equiva rganisat nce.	ion vali	This e\ idating	/idend ∣a rar	ce will nge of	l be us f tasks	sed to	valio rme	candi date th d by tl	date require ne candidate he candidate	's sk	ills and	d expe	rience.	
The candidate has re	egularly o	complete	ed the	followi	ng ac	tivitie	s to a	n acce	ptab	ole wo	rkplace/indu	stry s	standa	rd with	in this	
I understand the ev	/idence/1	tasks th	e cand	didate	has p	perfo	rmed	on wh	nich	I hav	e comment	ed oı	າ.		∕es □ N	lo
I am willing to be co	ontacted	l if furth	ner ver	rificatio	on of	my s	taten	nents i	is re	quire	d.			O'	∕es □ N	lo
I certify that the above-named person has regularly completed the above mentioned activities to an acceptable workplace/industry standard within this organisation:																
Referee Signatur	re:										Date:		DD /	MM /	YYYY	



Third Party Repo	ort for Work Exp	perience: (F	Referee te	estimonia	al)				
Directions: All peo	ole who can verify	y your work a	re to comp	olete the	details	below to er	nsure val	idity	
Employer / Business 2:					ree's sition				
Referee's Given Name:				Refe Surn	ree's ame:				
Street Address:					•		ST	TATE	P/CODE
Email address:					N	lobile No:			
Candidate's Given Name/s:				(Family Surn	/last) ame:				
Dates Employed:	DD / MM / YY	YY to DD	<u>/ MM / Y</u>	YYY		oloyment Type:	Full / Pa	art Time	e / Casual
As part of the assess party (employer, super A letter of support frouseful in identifying control Please detail the type	ervisor or equivalen m the organisation ompetence.	validating a rar	ce will be u nge of tasks	sed to vali s performe	idate th ed by th	ne candidate	s skills an	nd exper	ience.
The candidate has re organisation.	gularly completed t	he following ac	ctivities to a	n accepta	ble wor	kplace/indus	stry standa	ard with	in this
I understand the ev	dence/tasks the c	andidate has	performed	on which	ı I have	commente	d on.	Y	es No
I am willing to be co	ntacted if further	verification of	my staten	nents is r	equire	d.		Y	es 🗌 No
I certify that the abo workplace/industry				d the abov	ve mer	ntioned activ	vities to a	an acce	ptable
Referee Signature	:					Date:	DD	/ MM /	YYYY



Third Party Repo	ort for Wor	k Experie	ence: ((Refere	ee tes	timonia	al)					
Directions: All peo	ple who can	verify you	ır work	are to c	comple			below to e	nsure	e validity		
Employer / Business 3:							ree's sition					
Referee's Given Name:						Refe Surn	ree's ame:					
Street Address:										STATE	E	P/CODE
Email address:							N	Mobile No:				
Candidate's Given Name/s:						(Family Surn						
Dates Employed:	DD / MN	// / YYYY	to D	D / MN	1 <u>/</u> YY	YY		ployment Type:	Fu	II / Part T	ime /	Casual
As part of the assess party (employer, support from the support from the support from the support in identifying of the support of the support from the support	ervisor or equ om the organis ompetence.	ivalent). Th sation valida	is evide ating a r	nce will ange of	be use tasks	ed to vali performe	e candi idate the	date requires ne candidate ne candidate	's ski	lls and ex	perie	nce.
The candidate has re organisation.									stry s	tandard v	vithin	this
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I am willing to be co	ontacted if fu	rther verifi	cation o	of my st	tateme	ents is re	equire	d.] Ye	s 🗌 No
I certify that the abo workplace/industry					oleted	the abov	ve mei	ntioned acti	vities	to an ac	cept	able
Referee Signatur	e:							Date:		DD <u>/</u> MN	// <u>/</u> Y	/YY



Learner Declaration:	Learner Signature: (sign
I (Full legal name) I (Full legal name) 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	
ASSESSOR'S COMMENTS – WORK EXPERIENCE	
ASSESSOR'S COMMENTS – LIFE EXPERIENCE	
ASSESSOR'S COMMENTS – GENERAL	



OFFICE USE ONLY (continued)							
ASSESSMENT							
Assessor's Name:	Signature:						
Credit for Prior Studies (Credit transfer):	granted	<u>not</u> granted □					
Recognition of Current Competency (RCC):	granted	<u>not</u> granted ☐					
Date:							

Related Standard/s: Clauses 1.8, 1.12, 3.5