



VET Credit Transfer / RPL Application Form

Family Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Given Name:		Date of Birth:	
Address:			Post Code:
Student ID No:	Class:	Mobile:	
Email:			
Course:			

- Please Choose (tick) RPL – A Skills Assessment form will need to be completed to support this application
(An RPL Kit will be provided to you)
- Credit Transfer (Complete the details in the table below) you will need to provide evidence of the units completed

Provide Credit Transfer Details Only

Unit Code	Unit Name	Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please attach another form if insufficient space)



QIBA Pty Ltd

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QIBA Pty Ltd

ABN: 35 071 667 108

RTO Code: 5304

CRICOS Provider Code: 01515J

Student Declaration

I declare the information provided by me is complete. I understand that I will be notified in writing of the outcome of this application

Student Name _____ Student Signature: _____ Date: _____

OFFICE USE ONLY

Credit Transfer Approved? Yes No

RPL Kit Provided? Yes No

Course Duration Changed Yes No (If yes, insert the new end date below)

End Date of the Enrolled Course: _____

Staff Name _____ Staff Signature: _____ Date: _____