



VET Credit Transfer / RPL Application Form

Personal Details

Family name:		Date:	
Given name/s:		Gender:	
Address:			
Email:			
Mobile:		Date of Birth:	
Student ID:			
Course Name:			
Please choose (tick):	<input type="checkbox"/> RPL - A Skills Assessment form will need to be completed to support this application (an RPL Kit will be provided to you).		
	<input type="checkbox"/> 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

(Please attach another form if insufficient space)



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? If yes, insert the new end date below

Yes No

End date of the enrolled course:

Staff Name:

Staff Signature:

Date: