

CT/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:	Group:	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

(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 ☐ Yes ☐ No (If yes, insert the new end date below)

End Date of the Enrolled Course: _____

Staff Name _____ Staff Signature: _____ Date: _____