



**CT/RPL Application Form**

<b>Family Name:</b>		<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Given Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			<b>Post Code:</b>
<b>Student ID No:</b>	<b>Group:</b>	<b>Mobile:</b>	
<b>Email:</b>			
<b>Course:</b>			
<b>Provide Credit Transfer Details Only</b>			
Please Choose one (tick box provided )			
<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 in the form of a statement of attainment of record of results of the units completed			

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
		<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)

<b>Student Declaration</b>
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: _____

<b>OFFICE USE ONLY</b>
Certificate/SOA?ROR Verified : <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Member who verified: _____
Contact Persons information: _____
Staff Signature: _____ Date: _____
Credit Transfer Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
RPL Kit Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Duration Changed <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, insert the new end date below)
End Date of the Enrolled Course: _____
Staff Name _____ Staff Signature: _____ Date: _____