

Application Form – Recognition of Prior Learning

A. STUDENT I	ETAILS			
Student ID (If ki	nown):			
Student Full nar	ne:			
Date of Birth:			Contact Phone:	
Email ID:				
Course Code & N	Name:			
n nn couch				
B. RPL SOUGH	<u> </u>			
Qualification/Co	ourse Code:			
Qualification/Co	ou <u>rse Name:</u>			
provide the list	details of ev	idence in Part D of this ap		lence attached
	Ţ			
C. DECLARAT	ION			



	I declare that the information and documentation given is true and accurate and I have not willfully suppressed any information.		
	I understand that if there are any changes to the information provided by me in this form, I would notify IIT staff immediately and, in the event, that I fail to do so. I may be liable for any additional costs incurred.		
Signature o	of the Student:	Date:	

Once complete, send this form www.iitraining.vic.edu.au. It will be forwarded to the Training Manager or representative for assessment.

For Office use only				
Received by:	Signature:	Date:		
O Documents Verified				
Processed				
○ Pending				
 Contact sheet updated 				
O Others				
Date:				

D. EVIDENCE

Please attach evidence for each unit to support your application. This could include:

- O Certificates/Statement of Results/ Attainment
- O Reference which can be contacted
- O Subject Outline Including Performance Criteria
- O Examples of relevant work samples/Portfolio
- O Personal Resume
- O Position Description

You may be asked to provide further information/evidence, attend further interviews, complete written/oral assessment, and undertake demonstration of skills, workplace assessment/observation or skills test. Please be aware you may be required to undertake some or all of these depending on the evidence you provide, and the qualification being applied for.

Unit Code	Unit Name	Evidence

Application Form – Recognition of Prior Learning

Version 3.0

International Institute of Training Pty Ltd t/a International Institute of Training Campus Location: 13 Tarkin Court, Bell Park, Victoria 3215, Australia

Phone no: 1300 651 348 | Email: <u>info@iitraining.vic.edu.au</u>| Website: <u>www.iitraining.vic.edu.au</u> RTO Code: 21628 || CRICOS Number: 04028M ||ACN 113 898 721 || ABN 82 113 898 721



OFFICE USE ONLY				
E. RPL UNIT AS	SESSMENT	RECORD		
Student Full Nam	e:			
Unit Code:				
Unit Name:				
Critical Aspects	of Assessm	ent		
Elements of Con and Performance	ipetency	Evidence Submitted	Compete nt (Yes/No)	Comment
Element 1				
Element 2				
Element 3				
Element 4				
Element 5				
Element 6				
RPL RESULT:		□ Granted		□ Not granted
Feedback Given:		□Yes		□No

Application Form – Recognition of Prior Learning

Version 3.0

International Institute of Training Pty Ltd t/a International Institute of Training Campus Location: 13 Tarkin Court, Bell Park, Victoria 3215, Australia

Phone no: 1300 651 348 | Email: <u>info@iitraining.vic.edu.au</u> | Website: <u>www.iitraining.vic.edu.au</u> RTO Code: 21628 || CRICOS Number: 04028M ||ACN 113 898 721 || ABN 82 113 898 721



Assessor Comments:			
Assessor Name:			
Signature			
Date:			
ACCEPTANCE BY THE STUDENT			
$\hfill \square$ I accept and agree to the assessment made to my application for RPL.			
Signature:			
For Admin use only			
Processed by:	Signature	Date:	
☐ Student Notified	☐ Student File Updated:		
☐ SMS updated	☐ Academ	ic File updated:	