

CFS17 RPL Application Form

This form must be submitted together with an appropriate Enrolment Form

'Recognition of prior learning is an assessment process that involves assessment of an individual's relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit' (Australian Qualifications Framework Council).

SECTION A: Student Details									
Family Name:	Giv	en Name:							
Student ID:									
Course Code:	Cou	rse Name:							
	ormal Training details								
<u>Formal learning</u> is the learning that takes place through a structured program of learning that leads to the full or partial achievement of an officially accredited qualification. (If insufficient space, please attach additional pages to the application)									
Year/s	Institution	Course Name							
Relevant skills & know	ı wledge:	.I							
SECTION C: Student Informal Training Details (Leave blank if not applicable)									
Informal learning is learning gained through work, social, family, hobby or leisure activities and experiences. Unlike formal or non-formal learning,									
informal learning is not organised or externally structured in terms of objectives, time or learning support.									
(If insufficient space, please attach additional pages to the application) Vear/s Organisation Role/Duties									
Year/s	Organisation	Role/ Duties							
		+							



SECTION D: Student Non-formal Training Details (Leave blank if not applicable)

Non-formal learning refers to learning that takes place through a structured program of learning but does not lead to an officially accredited qualification. (If insufficient space, please attach additional pages to the application)

Year(s)		Institution/Organisation		Course/Learning Outcomes			
SECTION	E: Armed For	ces Details (Leave bl	ank if not applicable	ie)			
Branch of	Service						
Trade clas							
Date of di	scharge						
SECTION	F: Employme	nt History (If insuffic	rient space, please a	attach additional pages	to the application)		
	F: Employme mployment	Employme		Employment Types			
					Description of major duties		
Period of E	mployment	Employme	nt Details Address &	Employment Types Full time/Part-			
Period of E	mployment	Employme	nt Details Address &	Employment Types Full time/Part-			
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Period of E	mployment	Employme	nt Details Address &	Employment Types Full time/Part-			
Period of E From	To To	Employme Company Name	Address & Phone Number	Employment Types Full time/Part-	Description of major duties		
Period of E From	To To	Employme Company Name	Address & Phone Number	Employment Types Full time/Part- time/Casual	Description of major duties		
Period of E From	To To	Employme Company Name	Address & Phone Number	Employment Types Full time/Part- time/Casual	Description of major duties		
Period of E From	To To	Employme Company Name	Address & Phone Number	Employment Types Full time/Part- time/Casual	Description of major duties		



APPLY FOR RECOGNITION OF PRIOR LEARNING

Students are required to base their application on the units of competency identified in the self-assessment checklist as being the units of competency for which the student wishes to perform an RPL assessment.

In case of insufficient space please photocopy this page only for your use and attach it to the application form.

INSERT UNIT(S) OF COMPETENCY YOU WISH TO APPLY FOR RPL								
Unit code	Unit Name							
Student Declaration:								
Ι (Confirm that I complete the evidence guide and the							
self-assessment checklist prior to making this RPL application. I certify that I have attached my portfolio of documentary evidence, the evidence guide, and the self-assessment checklist with this RPL application. I understand that failure to attach all of the above identified documents would result in an invalid application. I declare that the documentary evidence provided in my portfolio is true and accurate.								
Student Signature			Date					
FOR OFFICER USE								
By ticking this box I confirm the student has completed a valid RPL application with sufficient supporting documentation and has attached a portfolio of documentary evidence / an evidence guide / a self-assessment checklist.								
Administrator / Assessor Name:								
Administrator / Assessor Signature:				Date:				