

Student Details			
<b>Student Name:</b>		<b>Date:</b>	
<b>Contact Tel:</b>		<b>Mobile:</b>	
<b>Address:</b>			
<b>Email:</b>			
<b>Qualification Code Title:</b>			

Application and Declaration			
<b>Student:</b>			
I wish to apply for Recognition of Prior of Learning for the units of competency/modules listed below.			
<input type="checkbox"/> I have attached original copies of certificates I have achieved previously from other courses and training providers.			
<input type="checkbox"/> I declare that certification documentation supplied is legitimate, true and correct.			
<input type="checkbox"/> I understand that the Assessor will verify my certification documentation for validity.			
<input type="checkbox"/> I agree to pay the fee of \$..... for document administration and a fee of \$..... per assessment that is required for me to confirm my competency.			
<input type="checkbox"/> I understand that travel and accommodation for an Assessor to conduct on site assessments (if required) will be added to any assessment fees quoted.			
<input type="checkbox"/> I understand that the RPL process is an assessment only process whereby I submit evidence. Austin Institute of Trades (AIT) will count any competency achievement towards any grading in future competency-based assessments.			
<input type="checkbox"/> I understand that there is no training or learning guide provided to me in this process and that I am using this process to fast track my certification.			
<input type="checkbox"/> I understand that AIT is not responsible for searching, or discovering any information or supporting evidence.			
<input type="checkbox"/> I understand that I am responsible to supply all supporting evidence and information required by AIT, and I shall pay any additional search and discovery fees incurred as a result of insufficient evidence being provided.			
<input type="checkbox"/> I understand that I shall not be entitled to any refund of fees in the event that I do not meet the competency standards and that any further training and assessments I require shall be at my expense at the current AIT rate.			
<input type="checkbox"/> I have supplied a copy of my most recent CV / Resume to demonstrate my industry experience and education.			
<p>I, _____ have read the RPL Policy and understand that if this application is successful that an RPL Kit will be provided to me for the relevant units of competency, at a briefing session. I understand that I will only receive RPL for those modules upon successful submission of all requirements as outlined in the RPL Pack for each module.</p>			
<b>Student Signature:</b>		<b>Date:</b>	

Workplace Referees who can support my RPL Application	
<b>Referee 1 – Name and Contact Details:</b>	
<b>Referee 2 – Name and Contact Details:</b>	

Units / Modules Outcome					
Unit Code	Unit Title	Assessor Only			
		Evidence supplied	Evidence Verified	Progress to RPL Kit	Assessor Initial
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Use extra sheets if required*

Assessor Endorsement			
<input type="checkbox"/> I declare that there is sufficient evidence to warrant the client progressing through RPL process for the above noted units/modules.			
<b>Assessor Signature:</b>		<b>Date:</b>	

Office Use Only						
<b>SMS Updated:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>		<b>Name \ Initial:</b>	
<b>Client file updated:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>		<b>Name \ Initial:</b>	