

## Application Form – Recognition of Prior Learning

### A. STUDENT DETAILS

Student ID (If known):			
Student Full name:			
Date of Birth:		Contact Phone:	
Email ID:			
Course Code & Name:			

### B. RPL SOUGHT

Qualification/Course Code:	
Qualification/Course Name:	

Please list below the competency units you are applying for Recognition of Prior Learning (RPL). Please provide the list/details of evidence in Part D of this application to support RPL for each unit.

Unit Code	Unit Name	Evidence attached (Y/N)

<b>C. DECLARATION</b>		
<input type="checkbox"/> I declare that the information and documentation given is true and accurate and I have not willfully suppressed any information. <input type="checkbox"/> I understand that if there are any changes to the information provided by me in this form, I will notify CBM staff immediately and, in the event, that I fail to do so. I may be liable for any additional costs incurred.		
<b>Signature of the Student:</b>		<b>Date:</b>
Once complete, send this form to <a href="mailto:reception@cbm.edu.au">reception@cbm.edu.au</a> . It will be forwarded to the Training Manager or representative for assessment.		

<b>FOR OFFICE USE ONLY</b>		
<b>Received by:</b>	<b>Signature:</b>	<b>Date:</b>
<input type="radio"/> Documents Verified <input type="radio"/> Processed <input type="radio"/> Pending <input type="radio"/> Contact sheet updated <input type="radio"/> Others		
<b>Date:</b>		

#### D. EVIDENCE

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

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

You may be asked to provide further information/evidence, attend further interviews, complete written/oral assessment, and demonstrate 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

**OFFICE USE ONLY:**

E. RPL UNIT ASSESSMENT RECORD	
Student Full Name:	
Unit Code:	
Unit Name:	

Critical Aspects of Assessment			
Elements of Competency and Performance Criteria	Evidence Submitted	Competent (Yes/No)	Comment
Element 1			
Element 2			
Element 3			
Element 4			
Element 5			
Element 6			

<b>RPL RESULT:</b>	<input type="checkbox"/> Granted	<input type="checkbox"/> Not granted
<b>Feedback Given:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Assessor Comments:**

**Assessor Name:**

**Signature**

**Date:**

### ACCEPTANCE BY THE STUDENT

☐ I accept and agree to the assessment made to my application for RPL.

**Signature:**

**Date:**

### FOR ADMIN USE ONLY

**Processed by:**

**Signature:**

**Date:**

☐ Student Notified

☐ Student File Updated:

☐ SMS updated

☐ Academic File updated: