



# RECOGNITION OF PRIOR LEARNING APPLICATION FORM

Section 1 – Client & Visit Details			
Student Name:		Student No.:	
Qualification / Course:			
Assessor Name:		Date:	<input type="checkbox"/> / /
Section 2 – Application and Declaration			
<b>Student:</b> <input type="checkbox"/> I wish to apply for Recognition of Prior Learning (RPL) for the units of competency listed below. <input type="checkbox"/> I have attached original copy of certification documentation from another RTO. <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.			
Student Signature:		Date:	<input type="checkbox"/> / /
Section 3 – Employment details			
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify your occupation			
What is your current job title?			
Who is your current employer?			
How long have you worked in this job approximately?	year/s	month/s	
Employment History			
Employer 1			
Company name			
Your position			
Period of service			
Employer 2			
Company name			
Your position			
Period of service			



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Employer 3	
Company name	
Your position	
Period of service	
Employer 4	
Company name	
Your position	
Period of service	
Master Evidence List	
Doc No.	Document description/name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	



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13	
14	
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19	
20	

### Section 5 – Minimum Evidence Requirements

The table below outlines the minimum evidence required for the unit of competency. Additional evidence may be requested from the RPL Assessor if gaps are identified. If you are able to provide additional evidence please send this through with your application.

Remember that we are only collecting evidence that has been developed by you in the workplace, which must satisfy the unit requirements.

Unit Code and Title	Minimum Evidence Required

### Section 6 – Self-Evaluation Checklist

In this section, the candidate must identify their level of experience in performing each work task by selecting one of the following:

- not well – I perform the task but not well
- well – I perform the task well
- very well – I perform the task really well



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Competency Standards Evidence required for the unit elements and critical aspects of assessment.	Please indicate your competency level (place a cross in the appropriate box)			Evidence to support claim	
	Very well	Well	Not well	Doc No.	Document Name

## Section 7 – Units Outcome

Unit Code	Unit Name	Assessor Only			
		Evidence supplied	Evidence Verified	Assessment Outcome	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"/>	<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"/>		

### Section 8 – Assessor Judgement and Declaration

I declare that if have verified certification documentation supplied is legitimate, true and correct.

### Office Use Only

<b>SMS Updated :</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /	<b>Initial:</b>	
<b>Student file updated :</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /	<b>Initial:</b>	