

RPL APPLICATION FORM

COURSE SELECTION

| Select Course | Course Code | Course Name |
|--------------------------|-------------|---|
| <input type="checkbox"/> | CHC30113 | Certificate III in Early Childhood Education and Care |
| <input type="checkbox"/> | CHC50113 | Diploma of Early Childhood Education and Care |
| <input type="checkbox"/> | SIT30816 | Certificate III in Commercial Cookery |
| <input type="checkbox"/> | SIT40516 | Certificate IV in Commercial Cookery |
| <input type="checkbox"/> | SIT50416 | Diploma of Hospitality Management |
| <input type="checkbox"/> | SIT60316 | Advanced Diploma of Hospitality Management |
| <input type="checkbox"/> | CPC30211 | Certificate III in Carpentry |
| <input type="checkbox"/> | CPC50210 | Diploma of Building and Construction (Building) |
| <input type="checkbox"/> | CPP30411 | Certificate III in Security Operations |

Student Details

| | | | |
|------------------------------------|---|--------------------------|---|
| Title: | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First Name (s): | | Last Name: | |
| Current Address: | | | Country: |
| City: | | State/Province | Postcode: |
| Home Address: | | | Country: |
| City: | | State/Province | Postcode: |
| Mobile: | | Telephone: | |
| Email: | | | |
| Date of Birth (dd/mm/yyyy): | | Country of birth: | Country of citizenship |



| | | | |
|---|--|--------------------------|--|
| Passport number: | | Expiry date: | |
| Do you hold permanent residency or a current Australian visa? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy along with the following details. | | | |
| Visa type: | | Visa expiry date: | |
| Person to contact in Emergency: | | | |
| Name: | | | |
| Relationship: | | Email: | |
| Address: | | | |
| Mobile: | | Telephone: | |

Employment History

| | | | |
|--|--|---------------|--|
| Current Employment | | | |
| 1. Are you currently employed: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, is your main occupation related to the qualification in which you are seeking RPL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| What is the name of your employer? | | | |
| 2. If no to question 1 above, do you have a workplace where you will be able to be assessed on the job for the qualification in which you are seeking RPL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please provide details of the workplace. | | | |
| Further Training | | | |
| Have you undertaken any full qualifications related to the occupation of which you are seeking recognition? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, training completion date (month, year): | | Country: | |
| Name of course and institution (if applicable): | | | |
| Professional Referees (who have acted in senior capacity to you and can verify your skills) | | | |
| 1. Name | | | |
| Position: | | Organisation: | |
| Relationship to you: | | | |
| Phone number: | | Mobile: | |
| Email address: | | | |
| 2. Name | | | |



| | | | |
|----------------------|--|---------------|--|
| Position: | | Organisation: | |
| Relationship to you: | | | |
| Phone number: | | Mobile: | |
| Email address: | | | |
| 3. Name | | | |
| Position: | | Organisation: | |
| Relationship to you: | | | |
| Phone number: | | Mobile: | |
| Email address: | | | |

Previous Employment History (attach additional sheet if required, or attach CV with these details included)

| Name, address and phone numbers of employers | Period of employment (DD/MM/YYYY) | | Position held | FT/PT/Cas | Description of major duties |
|--|-----------------------------------|----|---------------|-----------|-----------------------------|
| | From | To | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Evidence for RPL Application (you are required to include evidence to support your RPL application)

| Document description | Included? |
|--|--------------------------|
| Your current and detailed CV | <input type="checkbox"/> |
| Copies of Certificates of any formal and informal training you have participated in. | <input type="checkbox"/> |
| Current and previous (within the last 5 years) position descriptions and performance reviews (if available). | <input type="checkbox"/> |
| Copies of qualifications you have completed. | <input type="checkbox"/> |
| Any letters of support from employers or industry contacts (if available). | <input type="checkbox"/> |
| Contact details of at least 2 professional referees who have acted in a senior capacity to you in the workplace and who can verify your competency (as above). | <input type="checkbox"/> |
| Qualification Summary | <input type="checkbox"/> |



| | | | |
|--|--|---------------------|-----|
| Self-Assessment Checklists | | For how many units? | |
| Declaration | | | |
| I declare that the information contained in this application is true and correct and that all documents are genuine. | | | |
| Candidate signature: | | Date: | / / |
| Printed name: | | | |