



CREDIT TRANSFER APPLICATION FORM

Personal Details

Title: _____ Surname: _____ Given Names: _____

Current address: _____

Suburb: _____ Postcode: _____ State: _____

Home Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Course Name: _____ Course Code: _____

Units of Competency Applied for (Unit Code):

Credit Transfer Application

Credit transfer applies to situations where students have completed units identical to those they are currently enrolled in at another Registered Training Organisation (RTO) or authorised issuing organisation, including a University. Credit will be granted in accordance with the requirements of Clause 3.5 of the Standards for Registered Training Organisations 2015.

Registered Training Organisation or Issuing Organisation: _____

Name of Qualification (Attach a certified photocopy of any relevant qualifications or Statements of Attainment): _____

Privacy Statement

Personal information is collected solely for the purpose of operating as a Registered Training Organisation. The requirements of the registering authority may require the release of your personal information for the purposes of audit. Under the Australian Privacy Principles you can access personal information held on you and you may request corrections to information that is incorrect or out of date. Be aware we need to authenticate any documents you provide us for the purpose of Credit Transfer and we will contact the issuing organisation on the qualification to check authenticity. By signing below you agree you understand this will take place.

Student Signature: _____

Date: _____