

Credit Transfer Application Form

Section 1 – Client & Visit Details

Client Name:		Client No.:	
Qualification / Course:			
Assessor Name:		Date:	/ /

Section 2 – Application and Declaration

Client :

- I wish to apply for credit transfer for the units of competency/modules listed below.
 I have attached original copy of certification documentation from another RTO.
 I declare that certification documentation supplied is legitimate, true and correct.
 I understand that the Assessor will verify my certification documentation for validity.

Client Signature:		Date:	/ /
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Section 3 – Units /Modules 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"/>		

Section 4 – Assessor Judgement and Declaration

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

Assessor Signature:		Date:	/ /
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Admin Use Only

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