**CREDIT TRANSFER APPLICATION**

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| **STUDENT DETAILS** | | | |
| Name |  | | |
| Date of Birth |  | Date of Application |  |

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| **QUALIFICATION DETAILS (THE COURSE YOU WILL BE ENROLLING INTO)** | |
| Qualification code |  |
| Qualification name |  |

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| **ASSESSOR CHECKLIST** | | | |
| The client wishes to apply for a credit transfer and/or competencies held are applicable to their intended enrolment.  Copy of Statement of Attainment from the issuing RTO has been attached and authenticity has been verified.  Units approved for credit transfer have been credited towards the student’s course fees and recorded on the   Co-Contribution Form.  If the student has a superseded and equivalent unit, the currency of the unit has been validated from training.gov and   screen shots have been provided. | | | |
| **COMPLETED UNIT CODE FROM TRANSCRIPT** | **UNIT CODE STUDENT IS APPLYING FOR** | **D – DIRECT UNIT**  **S – SUPERSEDED & EQUIVALENT** | **EVIDENCE VERIFIED** |
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| **ASSESSOR JUDGEMENT & DECLARATION** | | |
| I have verified that the certification documentation supplied is legitimate, true and correct and credit should be granted. | | |
| **ASSESSOR NAME** | **ASSESSOR SIGNATURE** | **DATE** |
|  |  |  |

**ATTACH VERIFIED COPY OF STATEMENT OF ATTAINMENT AND, IF REQUIRED,   
SCREEN SHOTS OF SUPERSEDED AND EQUIVALANT EVIDENCE.**