**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been credited towards the student’s course fees and recorded on the  Co-Contribution Form.[ ]  If the student has a superseded and equivalent unit, the currency of the unit has been validated from training.gov and  screen shots have been provided.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| **COMPLETED UNIT CODE FROM TRANSCRIPT** | **UNIT CODE STUDENT IS APPLYING FOR** | **D – DIRECT UNIT****S – SUPERSEDED & EQUIVALENT** | **EVIDENCE VERIFIED** |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |
|  |  | [ ]  D [ ]  S | [ ]  |

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SCREEN SHOTS OF SUPERSEDED AND EQUIVALANT EVIDENCE.**