







Date:

**Critical Aspects of Assessment**

Elements of Competency and Performance Criteria	Evidence Submitted	Competent (Yes/No)	Comment
Element 1			
Element 2			
Element 3			
Element 4			
Element 5			
Element 6			

**Assessor Comments:**

**RPL RESULT:**  Granted  Not granted

**Feedback Given:**  Yes  No

**Assessor Name:**  
**Assessor Signature**  
**Date:**

**ACCEPTANCE BY THE STUDENT**

I accept and agree to the assessment made to my application for RPL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Admin use only**

Processed by:	Signature	Date:
<input type="checkbox"/> Student Notified <input type="checkbox"/> SMS updated	<input type="checkbox"/> Student File Updated: <input type="checkbox"/> Academic File updated:	