

Recognition of Prior Learning (RPL) Application Form

- Please fill this form and complete all sections
- Please submit your filled RPL Application form before enrolment but no later than 2nd week of the commencement
 of the studies
- Recognition of Prior Learning Fee is \$200 per unit.

STUDENT DETAILS						
Student ID (If know	n):					
Student Full name:						
Date of Birth:		Contact Pho	ne:	e:		
Email ID:			1			
Course Code and N	ame:					
	_					
Unit Code	Unit Name			Evidence attached (Y/N)		
DECLARATION						
I understand that if	there are any char	umentation given is true and accurate and I hanges to the information provided by me in this fliable for any additional costs incurred.				
Student Signature:			Date:			
,						

EVIDENCE

Please attach evidence for each unit to support your application. This could include:

- O Certificates/Statement of Results/ Attainment
- O Reference which can be contacted
- O Subject Outline Including Performance Criteria



O Examples of rel	evant work samp	es/Portfolio					
O Personal Resum	ne						
O Position Description							
You may be asked to provide further information/evidence, attend further interviews, complete written/oral assessment, and undertake demonstration of skills, workplace assessment/observation or skills test. Please be aware you may be required to undertake some or all of these depending on the evidence you provide, and the qualification being applied for.							
Unit Code	Unit Name				Evidence		
Once complete, send this form to info@cmi.vic.edu.au. It will be forwarded to the RTO Manager or representative for assessment.							
For Office use only							
Received by:		Signature:		Date:			
O Documents Verified							
O Processed							
O Pending							
O Contact sheet updated							
O Others							



Date:			ass more and a second research				
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:							
Assessor Name: Assessor Signature Date:							
ACCEPTANCE BY THE STUDEN	ΙΤ						
□ I accept and agree to the assessment made to my application for RPL.							
Signature: Date:							
For Admin use only							
Processed by:	Signature		Date:				
☐ Student Notified☐ SMS updated	□ Student File Updated: □ Academic File updated:						