



Recognition of Prior Learning (RPL) Form

Student to Complete

| | | | |
|-------------------------|--|--------------------|--|
| Student Name: | | Student ID: | |
| Current Address: | | | |
| Course: | | | |

Have you provided all relevant evidence/documents for the RPL?

Grounds RPL

Please write why you believe your RPL application should be assessed? Attach an additional sheet if needed. Provide all the required evidences of prior learning and complete assessment process as set out by your RPL assessor.

| | | |
|---------------------------|--|--------------|
| Student Signature: | | Date: |
|---------------------------|--|--------------|



Admin use only

| | | |
|------------------|-----------------------------------|-----------------------------------|
| Application is | <input type="checkbox"/> Accepted | <input type="checkbox"/> Declined |
| RPL approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments, if any | | |
| Approved by | | |
| Signature: | | Date: |

Evidence Record Form

RPL Officer to Complete

| Student Details | | | |
|---|--|------------|--|
| Name: | | Student ID | |
| Course for which applicant is seeking RPL | | | |

| Units of Competency Code & Name | Description of Evidence presented and reviewed All the originals must be sighted for verification purpose | Credits Granted Full/Partial |
|---------------------------------|--|------------------------------|
| | | |
| | | |
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| | | |



Declaration: RPL Facilitator has verified the competencies through the evidence presented which may include Academic Transcripts, Awards, Work Certificates and/or evidence of general life experiences.

| | | | |
|---|--|-----------------------|--|
| RPL Facilitator Name | | | |
| Applicant's Name | | | |
| RPL Facilitator to verify sighting of original or certified copies of Statement of Results or Statement of Attainment or Qualifications as evidence. | | | |
| Date started | | Date Completed | |
| Comments | | | |
| | | | |

| | | |
|---|------------------------------|-----------------------------|
| Evidence attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments, if any | | |
| Signature of Applicant | | Date: |
| RPL Facilitators Signature | | Date: |
| Compliance And Training Manager Signatures | | Date: |