Sarina Russo Institute

# Credit Transfer Application Form A

Training Centre Use Only: Please circle as appropriate
**FFS / PPP / SQW / Trainee/App / NEIS/Staff**

**SURNAME:** _____ **FIRST NAME:** _____ **COURSE:** _____ **LOCATION :** _____

**COURSE START DATE:** _____ **SRI/SRSA REPRESENTATIVE:** _____ **DATE:** _____

**SRI/SRSA REPRESENTATIVE Signature:** _____

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Please note: Unit of Competence must be the same unit from the same training package or unit of competence deemed equivalent in accordance the mapping guide from a transitioned training package. Please ask your trainer to advise you when you are applying for credit transfer from a previous training package. **To be approved by the Quality Unit.**

I wish to apply for Credit Transfer for the following Units of Competency:

| | | | QUALITY UNIT USE ONLY | |
|---|---|---|---|---|
| **UNIT of COMPETENCY (Being applied for)** | **COMPETENCY NAME** | **PLEASE ATTACH EVIDENCE e.g. Statement of Results or Statement of Attainment issued by RTO; Result Code Explanations** | **MORE EVIDENCE REQUIRED** | **APPROVED –YES/NO SIGNATURE & DATE** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I, _____have read and fully understand the Credit Transfer process

..... ..... .....

**Student Signature** **Date** **Phone Number**

Registered Provider Name: Sarina Russo Schools Australia Pty Ltd (trading as: Sarina Russo Schools | Australia) CRICOS Provider Code: 00607B

**Quality Unit Use Only:**

Entered into: RPL Register: Date …./…../…..Int…….. SIMS: Date …../…../….. Int…….. Corskills: Date…../…../…..Int……. Training Remaining: Date…../…../……Int…….

Sarina Russo Institute

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# Recognition of Prior Learning Application Form B

Surname: _____ First Name:_____ Course:_____ Group_____

Start Date: _____SRI/SRSA Representative: _____Date: _____ Student Number_____

I wish to apply for: Recognition of Prior Learning for the following units of competency:
(Please add additional rows if required)

| UNIT of COMPETENCY (Being applied for) | COMPETENCY NAME | APPROVED –YES/NO SIGNATURE & DATE |
|---|---|---|
| | | |
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| | | |
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I, _____have read and fully understand the Recognition of Prior Learning Process. I understand the fee structure applied for Recognition of Prior Learning for any Units of Competency for my course.

..... ..... .....
**Student Signature** **Date** **Phone Number**

I have been advised of the outcome of my application for RPL and/or Credit Transfer. I do/do not wish to lodge an appeal

..... ..... .....
**Student Signature** **Date** **Phone Number**

**Application for RPL must be submitted at least 3 weeks prior to the unit being delivered. Application submitted after this date will not be accepted.**

| Assessor use only: | |
|---|---|
| RPL Candid ate Kit provided to student / / | With return date of / / |

Registered Provider Name: Sarina Russo Schools Australia Pty Ltd (trading as: Sarina Russo Schools | Australia) CRICOS Provider Code: 00607B

**Quality Unit Use Only:**

Entered into: RPL Register: Date …./…../…..Int…….. SIMS: Date …../…../….. Int…….. Corskills: Date…../…../…..Int……. Training Remaining: Date…../…../……Int…….