



APPLICATION FORM FOR RPL

A. STUDENT DETAILS

Student ID (If known):	
Student Full name:	
Date of Birth:	
Contact Phone:	
Email ID:	
Course Code:	
Course Name:	

B. RPL SOUGHT

Qualification/Course Code:	
Qualification/Course Name:	

Please list below the competency units you are applying for RPL. **Please provide the list/details of evidence in Part D of this application to support RPL for each unit.**

Unit Code	Unit Name	Evidence attached (Y/N)

C. DECLARATION



I declare that the information and documentation given is true and accurate and I have not wilfully suppressed any information.
I understand that if there are any changes to the information provided by me in this form, I would notify ASOC staff immediately and, in the event, that I fail to do so. I may be liable for any additional costs incurred.

Signature of the Student:

Date:

Once complete, send this form to info@asoc.edu.au. It will be forwarded to the Training Manager or representative for assessment.

For Office use only

Received by:

Signature:

Date:

- Documents Verified
- Processed
- Pending
- Contact sheet updated
- Others

Date:

D. EVIDENCE

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

- Certificates/Statement of Results/ Attainment
- Reference which can be contacted
- Subject Outline Including Performance Criteria
- Examples of relevant work samples/Portfolio
- Personal Resume
- 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



OFFICE USE ONLY:

E. RPL UNIT ASSESSMENT RECORD

Student Full Name:	
Unit Code:	
Unit Name:	

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			

RPL RESULT: Granted Not granted

Feedback Given: Yes No



Assessor Comments:

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:

- Student Notified
- SMS updated

- Student File Updated:
- Academic File updated: