



Application - Recognition of Prior Learning

All documents provided as evidence for RPL must be authentic and submitted with this application in digital format.

Complete all sections in full.

Section 1 – Candidate Details

| Student Name: | |
|------------------|-------------|
| School name: | Year level: |
| Course: | |
| Trainer/Assessor | |

Section 2 – Units of Competency

Please identify the Units of Competency for the applied RPL qualification.

(please tick ✓)

| Unit Code | Unit Name | Core | Elective |
|-----------|-----------|------|----------|
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Section 3 – Employment History

Are you currently or have you ever been employed? (please tick \checkmark) Yes No (if NO move to Section 4)

If YES, please provide details below of the occupation/s you have held that are relevant to this RPL application?

Details: Employer 1

| Business name: | | | Address: | |
|--|--|-------|----------------|------------------------------|
| Workplace Super (Will be contacted as | visor name: a professional referee) | | | Contact # |
| Period of Employ | ment: (DD/MM/YYYY) | From: | 1 1 | To: / / |
| Position held: | | | Full Time Part | -time Casual Work Experience |
| Description of dutie | es performed: | | | |
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Details: Employer 2

| Business name: | | | Addı | ess: | | |
|---|---|-------|-----------|-----------|--------------|-----------------|
| Workplace Superv (Will be contacted as a | i sor name: professional referee) | | | | Contact # | |
| Period of Employn | nent: (DD/MM/YYYY) | From: | | | To: / | 1 |
| Position held: | | | Full Time | Part-time | Casual | Work Experience |
| Description of dutie | s performed: | | | | | |
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Details: Employer 3

| Business name: | | | Address: | | |
|--|--|-------|--------------------|--------------|-----------------|
| Workplace Super (Will be contacted as | visor name: a professional referee) | | | Contact # | |
| Period of Employ | ment: (DD/MM/YYYY) | From: | | To: / | 1 |
| Position held: | | | Full Time Part-tir | me Casual | Work Experience |
| Description of duti | es performed: | | | | |
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Details: Employer 4

| Business name: | | | | Address: | | |
|--|--|-------|------|-----------|--------------|-----------------|
| Workplace Super (Will be contacted as | visor name: a professional referee) | | | | Contact # | |
| Period of Employ | ment: (DD/MM/YYYY) | From: | / | / | To: / | 1 |
| Position held: | | | Full | Time Part | -time Casual | Work Experience |
| Description of duti | es performed: | | ÷ | | | |
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Section 4 – Further Training

| Have you undertaken any training courses related to the occupation applied for? | Yes No (if NO move to Section 5) |
|---|---|
| If YES , please provide details below. | |
| Training 1 | |
| What were you trained in? (Provide detailed description) | |

| Training completion date: (DD/MM/YYYY) | 1 | 1 | State/Country where trained: |
|---|----|---|------------------------------|
| Name of course and institution (if applicable | e) | | |

| Training 2 | | | | |
|--|----|---|------------------------------|--|
| What were you trained in? (Provide detailed description) | | | | |
| | | | | |
| Training completion date: (DD/MM/YYYY) | 1 | 1 | State/Country where trained: | |
| Name of course and institution (if applicable | e) | | | |

| Training 3 | | | | |
|--|----|---|------------------------------|--|
| What were you trained in? (Provide detailed description) | | | | |
| | | | | |
| Training completion date: (DD/MM/YYYY) | 1 | 1 | State/Country where trained: | |
| Name of course and institution (if applicable | e) | | | |

Section 5 – Additional Evidence

Is there any further information you wish to give to support your application? (Please supply below)

Section 6 – Supporting documents

If you are including documents in your application, please provide a brief description below.

| Document Description (e.g. resume, photos, awards etc) | Office Use Only – Assessor to use this section to align documents to specific units of competency and identify key questions for competency conversation |
|--|--|
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Section 7 – Candidate's Declaration

| Candidate Signature: | | Date: | | / | / |
|----------------------|--|-------|--|---|---|
|----------------------|--|-------|--|---|---|

I declare that the information contained in this application is true and correct and that all documents are genuine

| OFFICE USE ONLY As delegated BrisbaneSDE RTO Officer, I acknowledge that I have sighted the original or authenticated copies of the documents (copies attached) which support this application and approve the above decisions | | | | |
|--|-------|------|---------|-------|
| Name: | | | | |
| Signature: | | | | Date: |
| RPL ENTERED ON: POWERI | PRO 🗆 | SDSC | SLIMS 🗆 | Date: |