



# **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

## 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	<b>To:</b> / /
Position held:			Full Time Part	-time Casual Work Experience
Description of dutie	es performed:			

## Details: Employer 2

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

#### 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:		<b>To:</b> /	1
Position held:			Full Time Part-tir	me Casual	Work Experience
Description of duti	es performed:				

#### 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:	/	/	<b>To:</b> /	1
Position held:			Full	Time Part	-time Casual	Work Experience
Description of duti	es performed:		÷			

# Section 4 – Further Training

Have you undertaken any training courses related to the occupation applied for?	Yes No (if <b>NO</b> move to <b>Section 5</b> )
If <b>YES</b> , 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.

<b>Document Description</b> (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

### Section 7 – Candidate's Declaration

Candidate Signature:		Date:		/	/
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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: