

Credit Transfer Application Form

Section 1 - Client												
Client Name:							Client No.:					
Qualification/Cou												
Assessor Name:						Date:		1	1			
Section 2 – Appli	Section 2 – Application and Declaration											
Client:												
□ I wish to apply for credit transfer for the units of competency listed below.												
□ I have attached original copy of certification documentation from RTO.												
□ I declare that certification documentation supplied is legitimate, true and correct.												
□ I understand that the assessor will verify my certification documentation for validity												
Client Signature:							Date:		1	1		
Section 3 – Units of Competency												
							Assessor Only					
Unit Code	Nam	Name				Evidence Ev		dence	Assessment	Assessor		
					Su	pplied	olied Verified		Outcome	Initials		
Section 4 – Assessor Judgement and Declaration												
	t I hav	e ver	ified certi	ficat	ion docum	entatio			it is legit	imate, true and	correct	
Assessors							Date:					
Signature:												
Admin Use Only			Var		Nie	Data		/	/	Initials:		
_					Date:			1				
Client File Updated:			□ Yes □ No □		Date:	Date:		1	Initials:			

Date Approved: 14/08/2018

Location: N Drive/DLS/Forms and Templates