

Credit Transfer Application Form

Section 1 – Client & Visit Details						
Client Name:				Client No.:		
Qualification / Course:						
Assessor Name:				Date:	/ /	
Section 2 – Application and Declaration						
Client:						
<input type="checkbox"/> I wish to apply for credit transfer for the units of competency/modules listed below. <input type="checkbox"/> I have attached original copy of certification documentation from another RTO. <input type="checkbox"/> I declare that certification documentation supplied is legitimate, true and correct. <input type="checkbox"/> I understand that the Assessor will verify my certification documentation for validity.						
Client Signature:				Date:	/ /	
Section 3 – Units /Modules Outcome						
Unit Code	Unit Name	Assessor Only				
		Evidence supplied	Evidence Verified	Assessment Outcome	Assessor Initial	
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
Section 4 – Assessor Judgement and Declaration						
<input type="checkbox"/> I declare that I have verified certification documentation supplied, is legitimate, true and correct.						
Assessor Name (Print):		Assessor Signature:		Date:		
				/ /		
Admin Use Only						
SMS Updated :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /	Initial:		
Client file updated :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /	Initial:		