

| Section 1 – Client Details | | | |
|---|--|---------------|-----|
| Client Name: | | Date: | / / |
| Phone: | | | |
| Address: | | | |
| Email: | | | |
| Qualification / Course: | | | |
| Section 2 – Application and Declaration | | | |
| Client: | | | |
| <input type="checkbox"/> I wish to apply for Recognition of Prior of Learning for the units of competency/modules listed below. <input type="checkbox"/> I have attached original copies of certificates I have achieved previously from other courses and training providers. <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. <input type="checkbox"/> I agree to pay the fee of \$..... for document administration and a fee of \$..... per assessment for any challenge test that is required for me to confirm my competency. <input type="checkbox"/> I understand that Travel and accommodation for an Assessor to conduct on site assessments (if required) will be added to any assessment fees quoted. <input type="checkbox"/> I understand that the RPL process is an assessment only process whereby I submit evidence. MPA Skills will count any competency achievement towards any grading in future competency based summative assessments. <input type="checkbox"/> I understand that there is no training or learning guide provided to me in this process and that I am using this process to fast track my certification. <input type="checkbox"/> I understand that MPA Skills is not responsible for searching, or discovering any information or supporting evidence. <input type="checkbox"/> I understand that I am responsible to supply all supporting evidence and information required by MPA SKILLS, and I shall pay any additional search and discovery fees incurred as a result of insufficient evidence being provided. <input type="checkbox"/> I understand that I shall not be entitled to any refund of fees in the event that I do not meet the competency standards and that any further training and assessments I require shall be at my expense at the current MPA SKILLS rate. <input type="checkbox"/> I have supplied a copy of my most recent CV / Resume to demonstrate my industry experience and education. | | | |
| *Client Signature: | | Date: | / / |
| *I have read the RPL Policy and understand that if this application is successful that a RPL pack will be provided to me for the relevant units of competency, at a briefing session. I understand that I will only receive RPL for those modules upon successful submission of all requirements as outlined in the RPL Pack for each module. | | | |
| Section 3 – Workplace Referees who can support my RPL Application | | | |
| Referee 1 | | | |
| Full Name: | | Phone: | |



Section 5 – Assessor Endorsement

☐ I declare that there is sufficient evidence to warrant the client progressing through RPL process for the above noted units/modules.

| Assessor Name (Print): | Assessor Signature | Date: |
|------------------------|--------------------|-------|
| | | / / |

Admin Use Only

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|----------------------|--|-------|-----|----------|--|
| 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: | |