



Course Credit/Recognition of Prior Learning Application Form

Applicant to complete Name and Student ID and section (A) OR Section (B)

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|----------------------------------------------------------------------------------------|----------------------------------------------|
| Name: | Student ID: |
| SECTION A: IF YOU ARE APPLYING FOR RPL/COURSE CREDIT IN THE WHOLE QUALIFICATION | |
| Qualification code e.g. BSB50207 | Qualification title e.g. Diploma of Business |

| | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| SECTION B: IF YOU ARE APPLYING FOR RPL/COURSE CREDIT IN A FULL/PARTIAL UNIT TOWARDS A QUALIFICATION | |
| UNIT CODE e.g. FNSICGEN301B | UNIT TITLE e.g. Communicate in the Work Place |
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|--------------------|-------|
| Student signature: | Date: |
|--------------------|-------|

Please send all completed forms and supporting information / evidence to: Manager, Student Administration, WAIFS, 2 Onslow Place, Joondalup, WA 6027 or email: admissions@waifs.wa.edu.au



Appendix C - RPL ASSESSMENT FEEDBACK SUMMARY

RPL ASSESSMENT FEEDBACK SUMMARY *(To be completed by WAIFS' Head of Training/ Trainer)*

| | | |
|------------------------------------------------------------------------|-----|----|
| Student Name | | |
| Date of Submission | | |
| Qualification | | |
| Work Experience | Yes | NO |
| <input checked="" type="checkbox"/> | | |
| RPL Pre-assessment Comments: <i>Approved or Not Approved</i> | | |

ASSESSOR SECTION

| | |
|----------------------|--|
| Date Assessed | |
| Assessor Name | |

| Assessor's Comment | | |
|--------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unit Code and Name | Summary of Evidence provided | Result <i>Please choose from:</i> <ul style="list-style-type: none"> RPL Granted Partial RPL (specify the type of assessment(s) used for gap assessment) RPL Not Granted |
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| Head of Training/Trainer signature: | Date: |
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I agree with the amount of course credit granted:

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|----------------------|-------|
| Student's signature: | Date: |
|----------------------|-------|

I DISAGREE with the amount of course credit granted and have been provided with information on the WAIFS Complaints and Appeals Policy:

| | |
|----------------------|-------|
| Student's signature: | Date: |
|----------------------|-------|