



# Course Credit/Recognition of Prior Learning Application Form

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

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

<b>SECTION B: IF YOU ARE APPLYING FOR RPL/COURSE CREDIT IN A FULL/PARTIAL UNIT TOWARDS A QUALIFICATION</b>	
UNIT CODE e.g. FNSICGEN301B	UNIT TITLE e.g. Communicate in the Work Place

Student signature:	Date:
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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](mailto:admissions@waifs.wa.edu.au)



## Appendix C - RPL ASSESSMENT FEEDBACK SUMMARY

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

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

### ASSESSOR SECTION

<b>Date Assessed</b>	
<b>Assessor Name</b>	

Assessor's Comment		
Unit Code and Name	Summary of Evidence provided	Result <i>Please choose from:</i> <ul style="list-style-type: none"> <li><b>RPL Granted</b></li> <li><b>Partial RPL</b> (specify the type of assessment(s) used for gap assessment)</li> <li><b>RPL Not Granted</b></li> </ul>

Head of Training/Trainer signature:	Date:
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I agree with the amount of course credit granted:

Student's signature:	Date:
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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:
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