

Vocational Education and Training

Recognition of Prior Learning (RPL) Application Form 2018

VET121

Please note submitting this form will generate a \$80 Administration fee where applicable.

RPL Tracking #

How form received

Personal Details - please complete all details

Student Number

Title Mr Mrs Ms Miss Dr

Surname

Given Names

Gender Male Female
 Indeterminate/Intersex/Unspecified

Date of Birth (dd/mm/yyyy)

Tick status where applicable

Apprentice **Domestic** **International Visa holder**

NT Student Visa

Interstate Other Visa

Mailing Address (during training) – All students must complete

Number & Street or PO Box

Suburb/Town

State Post Code

Country

Home Phone (including area code)

Work Phone (including area code)

Mobile Phone

Email

Usual Residential Address – If different to your Mailing Address

Number & Street (Cannot be a PO Box)

Suburb/Town

State Post Code

List the Course (if known) or Occupation you are seeking recognition in e.g. Diesel fitter, Child care worker, Occupational Health and Safety officer, Project Manager etc.

Employment Details - Relevant to the Course or Occupation you are seeking RPL

If you are employed, what is your current occupation?

Who is your current employer?

Relevant employment history details - Please complete at least one of these, more would be better

Name, Address & Phone number of Employers	Period of Employment From - To	Job Title	Full-time, Part-time, Casual or Volunteer	Duties undertaken with this employer

Relevant unpaid or volunteer work

Do you, or have you undertaken unpaid or volunteer work? Yes No

If YES, describe briefly what you did

Relevant unpaid or volunteer work details - Please complete at least one of these, more would be better

Name, Address & Phone number of Organisation	Volunteer Period From - To	Role	Full-time, Part-time, Casual or Volunteer	Duties undertaken at this organisation

I give permission for CDU to contact listed employers' to verify this information Yes No

Referee Details - relevant to paid or volunteer work. Where possible, please provide at least one referee contact information

Name	<input type="text"/>
Position	<input type="text"/>
Organisation	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

Name	<input type="text"/>
Position	<input type="text"/>
Organisation	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

Previous Training

Have you had any training related to the qualification you are applying for? Yes No

If YES, describe briefly what the training covered

Approximately when did this training take place (year)?

Where did the training take place, i.e. local, interstate, overseas?

Was the training conducted internally or by an external provider?

If it was an external provider who was it? e.g. Charles Darwin University, a TAFE, a supplier to the industry, etc.

Is there any further information you wish to give in support of your application?

If you are including supporting documents with your application, please provide a brief description below

Document Type: e.g. resume, photos, DVD, testimonial, etc. (If providing evidence, please send copies of original only at this stage)	Briefly describe what the document covers: e.g. if it is a photograph or DVD, what does it show you are doing at the time. If it is a testimonial, state why you received it. If it is your resume, indicate the sections relevant to your RPL application.

Declaration - I declare that the above information is true and correct and that all documents are genuine.

Signature of Student: _____

Date: _____

Please forward this form to VET RPL Enquiries

VET RPL Enquiries T: 1800 238 838
Charles Darwin University E: vet.rpl.enquiries@cdu.edu.au
Red 4.1.02
Casuarina Campus
DARWIN NT 0909

TEAM USE ONLY			
The RPL process has been explained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Enquiry followed up by Team member
The RPL fees have been explained	<input type="checkbox"/>	<input type="checkbox"/>	Date
Self-assessment kit has been given to applicant	<input type="checkbox"/>	<input type="checkbox"/>	Team Code
Date Received:		Date processed:	
Team code:		Processed by:	
		Name	