	Course Credit/Recognition of Prior Learning Application Form

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

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

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

RPL ASSESSMENT FEEDBACK SUMMARY

(To be completed by WAIFS' Head of Training/ Trainer)

Student Name	
Date of Submission	
Qualification	

Work Experience	Yes	NO
☑		

RPL Pre-assessment Comments: *Approved or Not Approved*	

ASSESSOR SECTION

Date Assessed	
Assessor Name	

Assessor's Comment		
Unit Code and Name	**Summary of Evidence provided**	**Result** *Please choose from:* • ***RPL Granted*** • ***Partial RPL*** *(specify the type of assessment(s) used for gap assessment)* • ***RPL Not Granted***

Head of Training/Trainer signature:	Date:

I agree with the amount of course credit granted:

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: