



## **Application for Recognition of Prior Learning**

### **Procedure:**

1. The applicant fills in application for recognition of prior learning (exemption), including the Title and Code of the Module(s) of the course. Equivalencies claimed should meet the content and nominal hour's criteria.
2. Attached to the application should be
  - a. Certified copies of the relevant TCM qualifications, transcripts, course outlines and other academic records including the title of the module, duration (hours) of learning, results (marks and grades).
  - b. Evidence of clinical practice, as mentioned above, if exemption is sought.

Applications without presenting the relevant TCM qualifications will not be recognized.

3. Overseas-trained applicants should supply a certified copy of the awards and transcripts in the original language, together with any English translations provided by the issuing institution or the overseas government PLUS a certified copy of an authorised translation in English. Translation of documents into English is to be provided by an Australian Government authorised translator/interpreter service.
4. China-trained applicants should obtain a qualifications assesment from Vocational Education Training and Assessment Services (<http://www.vetassess.com.au> ) as to the authenticity of their qualifications. China-trained applicants should also be required to submit certified copies of any notarised documents relating to their education and qualifications assessment issued by the Chinese authorities.
5. The College reserves the right to check and identify the original qualifications and academic records.
6. Payment of administrative application fee is \$100.  
(VET FEE-HELP recipients are exempt from the administrative application fee)
7. The module(s) exemption application is finally approved by the Principal and/or the Institute Academic Committee and a fee of \$150 per module approved will apply for domestic students. A fee of \$250 per module approved will apply for international students.
8. The Applicant will be required to "sign off" on the approval of recognition of prior learning or disapproval form. The original form will be placed on the applicant's file and a copy given to the applicant.

# RPL - Application Form

I hereby apply under the provisions of the Australian Quality Training Framework for the knowledge and skills I have previously acquired to be assessed and the current competencies to be granted to me in connection with the Qualification

.....  
(Insert details of the Qualification for which Recognition is sought)

*I acknowledge and accept the arrangements for the RPL assessment as outlined in the SITCM Student Manual*

Applicants Signature: ..... Date: .....

## Applicant's Details

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Male  Female

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_

Tel (M): \_\_\_\_\_ Tel (F): \_\_\_\_\_

Email \_\_\_\_\_

## Payment Details (VET FEE-HELP recipients are exempt from the application fee)

I, (Print Name) \_\_\_\_\_

authorise SITCM to charge me for the payment of \$100, as payment for the processing of my RPL application.

Payment Type (tick box):

Cash  Cheque  Money Order  Bankcard  MasterCard  Visa

Card Number:         Expiry Date: /

Card Validation Code:    (The last 3 digits of the number printed on the signature panel)

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

For further information please contact SITCM administration office on (02) 9261 2289 or email [administration@sitcm.edu.au](mailto:administration@sitcm.edu.au).

# Application for Recognition of Prior Learning Evidence Summary

Applicant's Name: .....

COURSE.....

MODULE/UNIT .....

When completed this summary, together with the CERTIFIED documentary evidence to be provided, should be handed to the director of studies so that the RPL assessment can commence.

The details requested have been divided into three sections – education and training, work experience, and life experience. Please complete each section fully, including reference to all activities you think might be relevant, and enclose with your application documentary evidence wherever possible. Attach additional pages if required.

### Education and Training

This section should include information about your formal education, adult education courses, and training courses at work and elsewhere. Include brief details of content where appropriate.

| Qualification or Course | Institution | Course Content | Length | Year Completed |
|-------------------------|-------------|----------------|--------|----------------|
|                         |             |                |        |                |
|                         |             |                |        |                |
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|                         |             |                |        |                |

## Work Experience

This section should include details of where you have worked and the nature of that work, full-time or part-time work experience, and any voluntary or unpaid work you have carried out.

Begin with your present job if you are currently employed, followed by your previous job, and so forth. Add additional pages as required.

### Present Employment

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Previous Employment

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Life Experience**

This section should include information about any other activities that you have been involved in which have provided you with knowledge, skills or experience that you believe could be relevant to the units for which you are claiming recognition of prior learning. For example: Leisure, recreation, hobbies, church, community, family and home-based activities.

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Applicant's Signature: ..... Date: .....

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*Office Use ONLY*

Comment:

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Approved by Chair of Academic Committee.

Authorised by (PRINT Name): .....

Signature: ..... Date: .....

For further information please contact SITCM administration office on (02) 9261 2289 or email [administration@sitcm.edu.au](mailto:administration@sitcm.edu.au).