



Application for Recognition of Prior Learning

悉尼中医学院申请免修课程表格

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. The College reserves the right to check and identify the original qualifications and academic records. Usually, the Institute's Principal will interview the applicant and verify the authenticity of original documents.
4. Payment of administrative application fee is \$100. 申请费 100 元
5. 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. 每科免修费 150 元。
6. 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 Recognition of Prior Learning Information Kit

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

Amount:
\$ _____

Cash Cheque Money Order Bankcard MasterCard Visa

Card Number: □□□□ □□□□ □□□□ □□□□ Expiry Date: □□/□□

Name of Card: _____

For further information please contact SITCM administration office on (02) 9281 1173
Or email Sherry@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, training courses at work and elsewhere etc. Including brief details of content where appropriate.

Qualification or Course	Institution	Course Content	Length	Year Completed

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.

Applicants Signature: Date:

Comment:

Approved by Chair of Academic Committee

Signature: Date:

For further information please contact SCTCM administration office on (02) 9281 1173.