





## Section 5. Work Experience

Please provide details of relevant work experience. The maximum credit that can be granted for learning from work experience is 25% of the total credit points required for the course toward which credit is sought. Photocopy this page if you need to record additional work experience.

Name of Employer:				
Location:				
Duration:			Position:	
Description of relevant Duties:				
Explanation of relevance to units in the SITCM course you are seeking credit in:				
You may attach any of the following documents (if applicable) to support your application. Your application may be delayed or credit denied if your documentary evidence is insufficient.				
Personal Statement	Position Description	Letter from Employer	Current CV	Professional development certificate
<b>Assessing Officer Use Only</b>	Approved? ✓      x	SITCM Unit Code(s)	Authorising Signature and comments	

Name of Employer:				
Location:				
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Personal Statement	Position Description	Letter from Employer	Current CV	Professional development certificate
<b>Assessing Officer Use Only</b>	Approved? ✓      x	SITCM Unit Code(s)	Authorising Signature and comments	

## Section 6. Applicant's Declaration and Signature

I declare that I have read the information on this application form and that the information I have provided is complete and correct.

I understand that the information I have provided will remain private and confidential, and may only be used for Government Statistical purposes only.

I understand that I have the right to access and amend personal information that Sydney Institute of Traditional Chinese Medicine holds about me, subject to legislation, by contacting the administration office at [administration@sitcm.edu.au](mailto:administration@sitcm.edu.au).

I authorise SITCM to obtain further information with respect to my application and, if necessary, seek confirmation of information provided by me.

I acknowledge that Sydney Institute of Traditional Chinese Medicine reserves the right to vary or reverse any decision regarding credit granted on the basis of incorrect, incomplete or fraudulent information.

I agree to abide by the regulations and policies of Sydney Institute of Traditional Chinese Medicine.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**Section 7. Office Use Only**

**Administration officer use:**

Name of staff processing application:

\_\_\_\_\_

Application checked?  Yes  No

Date received:

\_\_\_\_\_

Number of attachments:

\_\_\_\_\_

Date sent out for approval:

\_\_\_\_\_

Sent to: Associate Dean

\_\_\_\_\_

Due back:

**Assessing officer use:**

Name of assessing officer: Associate Dean

\_\_\_\_\_

Date received:

\_\_\_\_\_

Date sent back to admin staff:

\_\_\_\_\_

\_\_\_\_\_

Date sent results letter to student:

Student returned signed letter?  Yes  No

*For international students:*

New/amended eCOE required?  Yes  No

International Student staff advised of new course  
end date?  Yes  No

Date logged:

\_\_\_\_\_

**Teaching and Learning Committee use:**

Review date:

\_\_\_\_\_

Comments:

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Signed by Chair:

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