

## RPL Application Form

**This form must be submitted together with an appropriate enrolment form**

**AQF definition of RPL:** Recognition of prior learning is an assessment process that involves assessment of an individual's relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit (National Quality Council Training Packages glossary).

**Section A: Candidate Details**

Family Name:  Given Name:

Candidate ID:

Course Name:  Course

**Section B) Part 1: Formal Training**

(Formal learning is the learning that takes place through a structured program of learning that leads to the full or partial achievement of an officially accredited qualification) - If insufficient space please attach additional pages to the application.

Year(s)	Institution	Course Name

**List relevant skills & knowledge:**


**Section B) Part 2: Informal Training (LEAVE BLANK IF NOT APPLICABLE)**

(Informal learning: is learning gained through work, social, family, hobby or leisure activities and experiences. Unlike formal or non-formal learning, informal learning is not organised or externally structured in terms of objectives, time or learning support.) - If insufficient space please attach additional pages to the application.

Year(s)	Organisation	Role/ Duties

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute  
 Ph: (03) 9650 0367 Fax: (03) 9654 1049  
 Level 10, 339 Lonsdale Street, Melbourne Victoria 3000 Australia  
 ABN 51 006 374 241 RICOS Provider No: 02233M RTO: 7030  
 Email: [info@baxter.vic.edu.au](mailto:info@baxter.vic.edu.au) Website: [www.baxter.vic.edu.au](http://www.baxter.vic.edu.au)

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### Section B) Part 3: Non-formal Training (LEAVE BLANK IF NOT APPLICABLE)

(Non-formal learning refers to learning that takes place through a structured program of learning but does not lead to an officially accredited qualification) - If insufficient space please attach additional pages to the application.

Year(s)	Institution/Organisation	Course/Learning Outcomes

### Section C) Armed Forces details (LEAVE BLANK IF NOT APPLICABLE)

Branch of Service	
Trade classification on discharge	
Date of discharge	

### Section D) Part 1: Employment History — If insufficient space please attach additional pages to the application.

Period of Employment		Employer Name	Type of Employment	Description of major duties
<i>From</i>	<i>To</i>	<i>Include Address &amp; Contact phone number</i>	<i>Full time Part-time Casual</i>	

### Section D) Part 2: Referees — If insufficient space please attach additional pages to the application.

Referee Name	Position	Organisation	Phone/ Mobile Number	Email address

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute  
 Ph: (03) 9650 0367 Fax: (03) 9654 1049  
 Level 10, 339 Lonsdale Street, Melbourne Victoria 3000 Australia  
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030  
 Email: [info@baxter.vic.edu.au](mailto:info@baxter.vic.edu.au) Website: [www.baxter.vic.edu.au](http://www.baxter.vic.edu.au)

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**APPLY FOR RECOGNITION OF PRIOR LEARNING**

(Candidates are required to base their application on the units of competency identified in the self assessment checklist as being the units of competency for which the candidate wishes to perform an RPL assessment)

*Incase of insufficient space please photocopy this page only for your use and attach it to the application form.*

**INSERT UNIT(S) OF COMPETENCY YOU WISH TO APPLY FOR RPL**

Unit of competency Code	Unit of competency Name

**Candidate Declaration:**

I  confirm that I completed the evidence guide and the self assessment checklist prior to making this RPL application. I certify that I have attached my portfolio of documentary evidence, the evidence guide and the self assessment checklist with this RPL application. I understand that failure to attach all of the above identified documents would result in an invalid application. I declare that the documentary evidence provided in my portfolio is true and accurate.

Candidate Signature:

Date:

**FOR OFFICE USE**

By ticking this box I confirm the candidate has completed a valid RPL application with sufficient supporting documentation and has attached a portfolio of documentary evidence/an evidence guide/a self assessment checklist.

Administrator / Assessor Name:

Administrator / Assessor Signature:  Date:

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