

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 of 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
 470 Bourke Street, Melbourne VIC 3000 Australia
 ABN 51 006 374 241 RICOS Provider No: 02233M RTO: 7030
 Email: info@baxter.vic.edu.au Website: 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 & 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
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