

Name	DOB: ____________
Course enrolled:	Start Date: ____________

Complete the following details of your Recognition of Prior Learning Request.		
<i>Unit Code</i>	<i>Unit Title</i>	<i>Summary of supporting evidence you will provide</i>

*Please attach additional information if required

Office Use Only							
Student Support Consultant	Date received: ____________ Name: Signature:						
Administration	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">RPL Kit compiled and sent to student</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Trainer notified</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Training Plan correct?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	RPL Kit compiled and sent to student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trainer notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Plan correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RPL Kit compiled and sent to student	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Trainer notified	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Training Plan correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Correct fees applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	--

NOTE: The completed document must be placed in the student's file.