

RPL REQUEST FORM

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

<i>Office Use Only</i>									
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> <tr> <td>Correct fees applied?</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	Correct fees applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: The completed document must be placed in the student's file.

