RPL REQUEST FORM

Name		DOB:		
Course enrolled:		Start Date		
_		3.0.0		
Complete the follo	owing details of your Reco	gnition of Prior Learning Request.		
Unit Code	Unit Title	Unit Title Summary of supporting evidence you will provide		
Please attach addit	ional information if requir	ed		
Office Use Only				
Student Support Consultant	Date received:	Date received:\		
	Name:			
	Signature:			
Administration	RPL Kit compiled an	RPL Kit compiled and sent to student		
	Trainer notified		☐ Yes ☐ No	
	Training Plan correc	et?	□ Yes □ No	

Training & Assessment Policies & Procedures | Q1 2020 Version 1.0 | Revision Date: 03/01/2020 Once PRINTED, this is an UNCONTROLLED DOCUMENT.

Correct fees applied?

Refer to Policy Portal for latest version ITS (AUS) Pty Ltd



☐ Yes ☐ No

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

