Sarina Russo Institute

Credit Transfer Application Form A

Training Centre Use Only: Please circle as appropriate
FFS / PPP / SQW / Trainee/App / NEIS/Staff

SURNAME: _____ **FIRST NAME:** _____**COURSE:**_____ **LOCATION :**_____

COURSE START DATE: _____ **SRI/SRSA REPRESENTATIVE:** _____ **DATE:** _____

SRI/SRSA REPRESENTATIVE Signature: _____

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Please note: Unit of Competence must be the same unit from the same training package or unit of competence deemed equivalent in accordance the mapping guide from a transitioned training package.
Please ask your trainer to advise you when you are applying for credit transfer from a previous training package. **To be approved by the Quality Unit.**

I wish to apply for Credit Transfer for the following Units of Competency:

			QUALITY UNIT USE ONLY	
UNIT of COMPETENCY (Being applied for)	**COMPETENCY NAME**	**PLEASE ATTACH EVIDENCE e.g. Statement of Results or Statement of Attainment issued by RTO; Result Code Explanations**	**MORE EVIDENCE REQUIRED**	**APPROVED –YES/NO SIGNATURE & DATE**

I, _____have read and fully understand the Credit Transfer process

....
Student Signature **Date** **Phone Number**

Registered Provider Name: Sarina Russo Schools Australia Pty Ltd (trading as: Sarina Russo Schools | Australia) CRICOS Provider Code: 00607B

Quality Unit Use Only:

Entered into: RPL Register: Date …./…../…..Int…….. SIMS: Date …../…../….. Int…….. Corskills: Date…../…../…..Int……. Training Remaining: Date…../…../……Int…….

Sarina Russo Institute

Recognition of Prior Learning Application Form B

Training Centre Use Only: Please circle as appropriate
FFS / PPP / SQW / Trainee/App / NEIS/Staff

Surname: _____ First Name:_____ Course:_____ Group_____

Start Date: _____SRI/SRSA Representative: _____Date: _____ Student Number_____

I wish to apply for: Recognition of Prior Learning for the following units of competency:
(Please add additional rows if required)

UNIT of COMPETENCY (Being applied for)	COMPETENCY NAME	APPROVED –YES/NO SIGNATURE & DATE

I, _____have read and fully understand the Recognition of Prior Learning Process. I understand the fee structure applied for Recognition of Prior Learning for any Units of Competency for my course.

....
Student Signature **Date** **Phone Number**

I have been advised of the outcome of my application for RPL and/or Credit Transfer. I do/do not wish to lodge an appeal

....
Student Signature **Date** **Phone Number**

Application for RPL must be submitted at least 3 weeks prior to the unit being delivered. Application submitted after this date will not be accepted.

Assessor use only:	
RPL Candid ate Kit provided to student / /	With return date of / /

Registered Provider Name: Sarina Russo Schools Australia Pty Ltd (trading as: Sarina Russo Schools | Australia) CRICOS Provider Code: 00607B

Quality Unit Use Only:

Entered into: RPL Register: Date …./…../…..Int…….. SIMS: Date …../…../….. Int…….. Corskills: Date…../…../…..Int……. Training Remaining: Date…../…../……Int…….