

## RPL Application Form

<b>Enrolment Details</b>				
<b>Are you enrolling in a full qualification or part qualification (i.e., individual units)?</b>	<input type="checkbox"/> Full Qualification	<input type="checkbox"/> Individual units		
<b>Which qualification/units do you wish to enrol in?</b>				
<b>Personal Details</b>				
Surname:		Title: Mr / Mrs / Miss / Ms / Dr	Date of birth:	/ /
First name:		Middle name/s:		
Home address:				
			Postcode:	
Postal address: <i>(if different from above)</i>				
			Postcode:	
Home phone: ( )		Work: ( )		
Mobile:		Email:		
<b>General Information</b>				
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
2. Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Current Employment</b>				
1. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>YES</u> , is your main occupation related to the qualification in which you are seeking RPL?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of your employer?				
2. If <u>NO</u> to Q1 above, do you have a workplace where you will be able to be assessed on the job for the qualification in which you are seeking RPL?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide details of the workplace (i.e., what does your employer provide; what location are you situated):				
<b>Further Training</b>				
Have you undertaken any full qualifications related to the occupation of which you are seeking recognition?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, training completion date (month, year):		Country:		
Name of course and educational institution (if applicable):				

<b>Professional Referees (who have acted in senior capacity to you and can verify your skills)</b>					
1. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
2. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
3. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
<b>Previous Employment History (attach additional sheet if required, or attach CV with these details included)</b>					
Name, address, and phone numbers of employers	Period of employment (DD/MM/YYYY)		Position held	FT/PT/Cas	Description of major duties
	From	To			
1.					
2.					
3.					
4.					
5.					
<b>Evidence for RPL Application (you are required to include evidence to support your RPL application)</b>					
Document description				<b>Included?</b>	
Your current and detailed CV is attached to this application				<input type="checkbox"/>	
Copies of Certificates of any formal and informal training you have participated in				<input type="checkbox"/>	
Current and previous ( <i>within the last 5 years</i> ) position descriptions and performance reviews ( <i>if available</i> )				<input type="checkbox"/>	
Copies of qualifications you have completed				<input type="checkbox"/>	
Any letters of support from employers or industry contacts ( <i>if available</i> )				<input type="checkbox"/>	
Contact details of at least 2 professional referees who have acted in a senior capacity to you in the workplace and who can verify your competency ( <i>as above</i> )				<input type="checkbox"/>	

Qualification Summary	<input type="checkbox"/>
Self-Assessment Checklists completed and attached with this application. For how many units: _____	<input type="checkbox"/>
<b>Declaration</b>	
<b>I declare that the information contained in this application is true and correct and that all documents are genuine.</b>	
Student Name:	Date: / /
Student Signature:	

**Please return your RPL application and supporting documents to Pioneer International College for processing.**



**\*OFFICE ONLY\***

<b>ENTERED INTO:</b> SMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA LMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA CMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA	<b>RPL APPLICATION APPROVED – FULL</b> <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No, application rejected If NO– has student/agent been advised? <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA	<b>NOTES:</b>
<b>ENTERED INTO:</b> SMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA LMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA CMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA	<b>RPL APPLICATION APPROVED – PARTIAL</b> <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No, application rejected If NO– has student/agent been advised? <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No <input type="checkbox"/> NA	<b>NOTES:</b>
Staff Name:		
Staff Signature:		Date: / /