

Student Details:

Title: Mr □	Mrs □ Ms □ Miss □	USI:				
Student Name:		Date of Birth:				
Address:						
Suburb:		State:	Postcode:			
Contact:	(H)	(M)				
Email:						
Can you provide an original Academic Transcript/Certificate/ Statement of Attainment from your previous institution? Please (🗸) the appropriate box. (Please note: If selected 'no', KAL Training will be unable to process your application)						
es No						

Process:

- 1. Provide your **original academic transcript/certificates** to KAL Training indicating all the units you have achieved competency in at your previous educational institute. The Institute will make a copy and return the original document to you.
- 2. On the page below, **identify the units of competency** for which you are applying for credit transfer (make sure that **unit codes and names** are identical to those on your academic transcript. Please contact KAL if you are unsure of any step)
- 3. Submit this completed Application Form, either via email: info@kaltraining.com.au or drop it at the KAL Training Administration Office.
- 4. Once your application has been processed, KAL Training will advise you on the outcome of your Credit Transfer application via email or in writing addressed to your nominated postal address on the application.



Course Information

Please (✓) the course for which you would like KAL Training to provide credit transfer:

Select One:	Courses				
	CHC30121 Certificate III in Early Childhood Education and Care				
	CHC50121 Diploma of Early Childhood Education and Care				
	CHC50221 Diploma of School Age Education and Care				
	CHC52015 Diploma of Community Services (Superseded)				
	CHC62015 Advanced Diploma of Community Sector Management				
	BSB50420 Diploma of Leadership and Management				
	CHC43015 Certificate IV in Ageing Support				
	CHC43115 Certificate IV in Disability (Superseded)				
	CPC40120 Certificate IV in Building and Construction				
	CPC50220 Diploma of Building and Construction				
	CHC43215 Certificate IV in Alcohol and Other Drugs				



	Unit Name	Student Initial	Outcome Granted or Not Granted (office use only)
t Granting the CT (Assessor to p	rovide)	,	1
t Granting the CT (Assessor to p	rovide)		



STUDENT DECLARATION

I declare that I have submitted the origina for the purposes of this Credit Transfer ap			ent/ Academic records with this application to KAL Train ugh accredited training providers.	ing
Student's Name:	Signature:		Date of Application:	
RTO ASSESSOR DECLARATION				
The above application has been reviewe been sighted and are attached to this ap			the certificates/statements of attainments have fication documentation for validity.	
Assessor's name:	Signature:		Date:	
For office use only				
		Tick as appropriate, date and initial your name.		
Original or certified Certificates / Statements sighted and copies retained in the student file		☐ Yes ☐No ☐NA		
'CT Granted' column above is completed		☐ Yes ☐No ☐NA		
Where CT is not granted a written explanation	n has been provided	☐ Yes ☐No ☐NA		
Has student been notified of the outcome?		☐ Yes ☐No ☐NA		
Student Enrolment Records have been upda System (SMS)	ted in the Student Management	☐ Yes ☐No ☐NA		