

Credit Transfer Application Form

Student Details:

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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)

Yes 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
	CHC52021 Diploma of Community Services
	CHC62015 Advanced Diploma of Community Sector Management
	BSB50420 Diploma of Leadership and Management
	CHC43015 Certificate IV in Ageing Support
	CHC43121 Certificate IV in Disability Support
	CPC40120 Certificate IV in Building and Construction
	CPC50220 Diploma of Building and Construction



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Unit Code	Unit Name	Student Initial	Outcome Granted or Not Granted <i>(office use only)</i>
Reason for Not Granting the CT (Assessor to provide)			

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STUDENT DECLARATION

I declare that I have submitted the original or certified copies of all Certificates/Statements of Attainment/ Academic records with this application to KAL Training for the purposes of this Credit Transfer application and these are authentic documents obtained through accredited training providers. I understand that the Assessor will verify my certification documentation for validity.

Student's Name: _____ Signature: _____ Date of Application: _____

RTO ASSESSOR DECLARATION

The above application has been reviewed and outcomes indicated. All original or certified copies of the certificates/statements of attainments have been sighted and are attached to this application. I understand that the Assessor will verify my certification 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 of attainment(s) are attached, sighted and copies retained in the student file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
'CT Granted' column above is completed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Where CT is not granted a written explanation has been provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has student been notified of the outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Student Enrolment Records have been updated in the Student Management System (SMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA