

## Application for Credit Transfer

Student Number: \_\_\_\_\_ Student Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Course(s) Seeking to Enrol in/Enrolled: 1. \_\_\_\_\_

2. \_\_\_\_\_

### Information and Instructions

Guidestar Training recognises qualifications issued under the Australian Qualifications Framework and Statements of Attainment issued by other Registered Training Organisations. To be considered for credit transfer, you must complete this application form and submit it along with relevant statements of attainment. You must allow ten working days for your application for credit to be processed.

From which RTO(s) do you have a statement of attainment? \_\_\_\_\_

You must complete the table below, providing information about units of competency for which you wish to apply for credit transfer.

Unit Code	Unit Name	STUDENT TO COMPLETE	GUIDESTAR TRAINING TO COMPLETE	
		Tick against the units of competency you wish to apply Credit Transfer for	Signature of authorised staff member	Outcome of Credit Transfer (Granted / Not Granted)
CHCDIS020	Work effectively in disability support	<input type="checkbox"/>		
CHCAGE013	Work effectively in aged care	<input type="checkbox"/>		

CHCLEG001	<i>Work legally and ethically</i>	<input type="checkbox"/>		
CHCCOM005	<i>Communicate and work in health or community services</i>	<input type="checkbox"/>		
CHCDIV001	<i>Work with diverse people</i>	<input type="checkbox"/>		
HLTWHS002	<i>Follow safe work practices for direct client care</i>	<input type="checkbox"/>		
HLTINF006	<i>Apply basic principles and practices of infection prevention and control</i>	<input type="checkbox"/>		
CHCCCS041	<i>Recognise healthy body systems</i>	<input type="checkbox"/>		
CHCCCS031	<i>Provide individualised support</i>	<input type="checkbox"/>		
CHCCCS040	<i>Support independence and wellbeing</i>	<input type="checkbox"/>		
CHCAGE011	<i>Provide support to people living with dementia</i>	<input type="checkbox"/>		
CHCCCS038	<i>Facilitate the empowerment of people receiving support</i>	<input type="checkbox"/>		
CHCDIS011	<i>Contribute to ongoing skills development using a strengths-based approach</i>	<input type="checkbox"/>		
CHCDIS012	<i>Support community participation and social inclusion</i>	<input type="checkbox"/>		
CHCPAL003	<i>Deliver care services using a palliative approach</i>	<input type="checkbox"/>		

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Sign here when you submit your application)**

**PLEASE ENSURE THAT DOCUMENTATION SUPPORTING YOUR APPLICATION IS ATTACHED**

**This section is to be completed by Guidestar Training:**

You have been provided with credit transfers for the following units of competency:

Signature (RTO Manager) \_\_\_\_\_ Date: \_\_\_\_\_

**Sign here to acknowledge that you have received advice about the outcome of your application for credit transfer, and that you understand and accept the outcome of your application for credit transfer. You must sign here only after your application has been processed).**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: You may appeal against the credit transfer decision. If you wish to appeal, you must do so in writing, within twenty working days of this notification. Please refer to the complaints and appeals policy and procedures in the Student Handbook

