

## 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)
CHCCCS023	<i>Support independence and wellbeing</i>	<input type="checkbox"/>		
CHCCCS025	<i>Support relationships with carers and families</i>	<input type="checkbox"/>		
CHCLEG003	<i>Manage legal and ethical compliance</i>	<input type="checkbox"/>		
CHCCCS031	<i>Provide individualised support</i>	<input type="checkbox"/>		

CHCDIV001	Work with diverse people	<input type="checkbox"/>		
HLTWHS002	Follow safe work practices for direct client care	<input type="checkbox"/>		
CHCDIS007	Facilitate the empowerment of people with disability	<input type="checkbox"/>		
CHCCCS006	Facilitate individual service planning and delivery	<input type="checkbox"/>		
HLTAAP001	Recognise healthy body systems	<input type="checkbox"/>		
CHCAGE001	Facilitate the empowerment of older people	<input type="checkbox"/>		
CHCAGE003	Coordinate services for older people	<input type="checkbox"/>		
CHCAGE004	Implement interventions with older people at risk	<input type="checkbox"/>		
CHCAGE005	Provide support to people living with dementia	<input type="checkbox"/>		
CHCPRP001	Develop and Maintain Networks and Collaborative Partnerships	<input type="checkbox"/>		
CHCCCS011	Meet Personal Support Needs	<input type="checkbox"/>		
CHCMHS001	Work with people with mental health issues	<input type="checkbox"/>		
CHCADV001	Facilitate the interests and rights of clients	<input type="checkbox"/>		
CHCPAL001	Deliver care services using a palliative approach	<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

