

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)
CHCCCS031	Provide individualised support	<input type="checkbox"/>		
CHCCOM005	Communicate and work in health or community services	<input type="checkbox"/>		
CHCLEG001	Work legally and ethically	<input type="checkbox"/>		
CHCCCS010	Maintain a high standard of Service	<input type="checkbox"/>		

CHCDIV001	Work with diverse people	<input type="checkbox"/>		
HLTWHS001	Participate in workplace health and safety	<input type="checkbox"/>		
CHCDIS007	Facilitate the empowerment of people with disability	<input type="checkbox"/>		
HLTINF006	Apply basic principles and practices of infection prevention and control	<input type="checkbox"/>		
HLTAAP001	Recognise healthy body systems	<input type="checkbox"/>		
BSBMED301	Interpret and apply medical terminology appropriately	<input type="checkbox"/>		
BSBWOR301	Organise personal work priorities and development	<input type="checkbox"/>		
CHCDIS011	Contribute to ongoing skills development using a strength-based approach	<input type="checkbox"/>		
CHCAGE005	Provide support to people living with dementia	<input type="checkbox"/>		
HLTAID011	Apply first aid	<input type="checkbox"/>		
CHCAGE001	CHCAGE001 Facilitate the empowerment of older people	<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.