|  |
| --- |
| **CREDIT TRANSFER APPLICATION** |
| **INSTRUCTIONS:** * Please complete this form if you would like to apply for a credit transfer.
* Please **attach a verified copy** of your qualification (Certificate or Statement of Attainment) to this form, otherwise the application cannot be processed. To verify your qualification you must get a copy signed by a Justice of the Peace (JP) or present the original to an MTC staff member to be certified.
* If the **qualification is 5 years or older**, please **do not** use this form; you must apply for a Recognition of Prior Learning (RPL).

**Privacy Statement**MTC Austalia collects, holds, uses and discloses personal information (including sensitive information) in accordance with the Privacy Act 1988, the Australian Privacy Principles and requirements laid down in MTC’s contracts as a service provider to the Commonwealth Government. You have the right to: access and update or correct the personal information that MTC Australia holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MTC Privacy Policy. |
| Student’s Name |  |  |
| Qualification (attached) |  |  |
| Qualification issued by |  | Date issued |  |
| **Please list the unit/s or module/s you would like to request a credit transfer for:** |
| No.  | **Unit / Module Name** (Please also include unit/modulde code, if known) | **OFFICE USE ONLY****√ or X** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| **Please attach a verified copy of your Certificate or Statement of Attainment to this form.** |
| Student’s Signature: | Date: |

**PLEASE SUBMIT THIS FORM TO MTC AUSTRALIA**

|  |
| --- |
| **OFFICE USE ONLY** |
| To be completed by an admin staff member by checking [www.training.gov.au](http://www.training.gov.au). |
| * RTO exists (search by RTO code)
 | [ ]  Yes | [ ]  No | Staff Member’s Name: …………………………………………… |
| * RTO has qualification on scope
 | [ ]  Yes | [ ]  No | Signature: …………………………………………………………. |
| * If the applicant is approved for a Credit Transfer, please tick the relevant unit(s) or module(s) above.
 | Date: ……………………………………………………………….. |
| **Please inform the student of the application decision and advise the Trainer to customise the training accordingly.**  |