

# Vocational Education and Training

## Recognition of Prior Learning (RPL) Application Form 2017

VET121

Please note submitting this form will generate a \$ 75 Administration fee where applicable.

RPL Tracking #

How form received


**Personal Details - please complete all details**

Student Number

Title  Mr  Mrs  Ms  Miss  Dr

Surname

Given Names

Gender

Male  Female  
 Indeterminate/Intersex/Unspecified

Date of Birth  
(dd/mm/yyyy)

**Usual Residential Address – If different to your Mailing Address**

Number & Street  
(Cannot be a PO Box)

Suburb/Town

State

Post Code

**Mailing Address (during training) – All students must complete**

Number & Street or PO Box

Suburb/Town

State

Post Code

Country

Home Phone  
(including area code)

Work Phone  
(including area code)

Mobile Phone

Email

**Are you a Permanent Resident of Australia**

Yes  No

List the Course (if known) or Occupation you are seeking recognition in e.g. Diesel fitter, Child care worker, Occupational Health and Safety officer, Project Manager etc.

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**Employment Details - Relevant to the Course or Occupation you are seeking RPL**

If you are employed, what is your current occupation?

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Who is your current employer?

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**Relevant employment history details - Please complete at least one of these, more would be better**

Name, Address & Phone number of Employers	Period of Employment From - To	Job Title	Full-time, Part-time, Casual or Volunteer	Duties undertaken with this employer

**Relevant unpaid or volunteer work**

Do you, or have you undertaken unpaid or volunteer work?  Yes  No

If YES, describe briefly what you did

**Relevant unpaid or volunteer work details - Please complete at least one of these, more would be better**

Name, Address & Phone number of Organisation	Volunteer Period From - To	Role	Full-time, Part-time, Casual or Volunteer	Duties undertaken at this organisation

I give permission for CDU to contact listed employers' to verify this information  Yes  No

**Referee Details - relevant to paid or volunteer work. Where possible, please provide at least one referee contact information**

Name	<input type="text"/>
Position	<input type="text"/>
Organisation	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

Name	<input type="text"/>
Position	<input type="text"/>
Organisation	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

**Previous Training**

Have you had any training related to the qualification you are applying for?  Yes  No

If YES, describe briefly what the training covered

Approximately when did this training take place (year)?

Where did the training take place, i.e. local, interstate, overseas?

Was the training conducted internally or by an external provider?

If it was an external provider who was it? e.g. Charles Darwin University, a TAFE, a supplier to the industry, etc.

Is there any further information you wish to give in support of your application?

**If you are including supporting documents with your application, please provide a brief description below**

<b>Document Type:</b> e.g. resume, photos, DVD, testimonial, etc. (If providing evidence, please send copies of original only at this stage)	<b>Briefly describe what the document covers:</b> e.g. if it is a photograph or DVD, what does it show you are doing at the time. If it is a testimonial, state why you received it. If it is your resume, indicate the sections relevant to your RPL application.

**Declaration - I declare that the above information is true and correct and that all documents are genuine.**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please forward this form to the RPL Enquiries**

RPL Enquiries T: 1800 085 209  
 Charles Darwin University  
 Red 4.1.02 E: vet.rpl.enquiries@cdu.edu.au  
 Casuarina Campus  
 DARWIN NT 0909

TEAM USE ONLY			
The RPL process has been explained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Enquiry followed up by Team member
The RPL fees have been explained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date
Self-assessment kit has been given to applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Team Code
Date Received:		Date processed:	
Team code:		Processed by:	
		Name	