

## RPL REQUEST FORM

<b>Name</b> .....	<b>DOB:</b> ____\____\____
<b>Course enrolled:</b> .....	<b>Start Date:</b> ____\____\____

Complete the following details of your Recognition of Prior Learning Request.		
Unit Code	Unit Title	Summary of supporting evidence you will provide

\*Please attach additional information if required

Office Use Only		
<b>Student Support Consultant</b>	<b>Date received:</b> ____\____\____  <b>Name:</b> .....  <b>Signature:</b> .....	
<b>Administration</b>	<b>RPL Kit compiled and sent to student</b>  <b>Trainer notified</b>  <b>Training Plan correct?</b>  <b>Correct fees applied?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: The completed document must be placed in the student's file.**



