

Recognition of Prior Learning

Application Form

Student details

Student name	
Student number	
Course code and name	
Contact number	
Employment History (including your employers' name, address, phone number, position held, period of employment and description of role and responsibilities)	

Knowledge and Skills

Unit of competency and requirements	How often you complete the activities		
	Several times a week	Several times a month	Never
Please insert details in below format to fill this section with regard to knowledge and skills <insert unit code and title> - <insert performance criteria from the unit of competency> - <insert performance evidence from the unit of competency> - <insert knowledge evidence from the unit of competency>			

Add more rows as required.

Can you perform all the work tasks and activities that are covered by the units of competency as listed above confidently and skilfully?	
Are there any gaps in your knowledge and understanding where you might benefit from some additional training? If yes, note what they are.	
What evidences do you have to support your application for recognition? (this could be work samples, work records, performance reviews, job description, letter of offer detailing your job scope, etc.)	

The payments should be made to below mentioned bank account:

Account name: AIHFE

BSB: 116 879

Account number: 422966227

Declaration

By signing this form, I certify that the information provided above is true and correct.

Student signature	
Student name	
Date	

Admin Use Only			
Name			
Payment Received			
Action			
Reason for decision			
Logged in student's file	<input type="checkbox"/> Yes <input type="checkbox"/> No Logged by:	Date	
Decision letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No Sent by:	Date	
CEO signature			
Date			