

# Application for Recognition of Prior Learning

## PERSONAL DETAILS

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (AH): \_\_\_\_\_ (BH): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Applying for Recognition of Prior Learning for (course name):

Applying for exemption from (subjects/modules):

## COSTS ASSOCIATED WITH THIS APPLICATION

The basic assessment fee is \$77.00 per course (includes GST). Payment of these fees must be made at the time of submission of the application form.

## THE PROCESS

After completing this application form, you may be invited to attend an interview. The interview will be based on the questions that are included in this application form, the purpose of the interview will be to confirm and clarify your request for recognition and to make sure all relevant learning experiences have been identified.

Please attach copies of anything which you believe could assist your claim, for example:

- copies of statements, references or articles about your employment or community involvement;
- copies of school reports, certificates or statements about your education and training;
- relevant work samples such as assignments, essays, work undertaken;
- outlines of any courses which have been undertaken; or
- any other information which you feel might aid the assessment of your request.

***Please Note:*** Students seeking mutual recognition for AQF qualifications and/or statements of attainment awarded by another recognised training organisation must present the original documents for copying or appropriately verified copies of original documents.

Please return the completed form to:

The National College of Traditional Medicine

PO Box 290

SUNSHINE VIC 3020

Otherwise, fax us on 03 9311 3501. If you have any queries, please telephone us on 03 9312 5573.

**EMPLOYMENT 1**

Type of work: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone (AH): \_\_\_\_\_ (BH): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYMENT 2**

Type of work: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone (AH): \_\_\_\_\_ (BH): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employed from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Please detail any additional work experience etc that you think might be relevant.

**OTHER INTERESTS OR SKILLS**

List any other information that has helped you gain skills such as being a parent, involvement in school committees, organising a family business, involvement in hobby groups, ability to speak other languages, etc.

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**COMMUNITY INVOLVEMENT**

List any involvement (including official positions) with any team, club, society or community organisation. Name the organisation and list your involvement.

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**EDUCATION/TRAINING**

What is the highest level of formal schooling you have achieved?

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Which year and where did you attain this qualification?

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**ADDITIONAL STUDIES:**

<b>Dates</b>	<b>Level of study (eg Certificate)</b>	<b>Course name</b>	<b>Results</b> (e.g. Pass)

Have you been involved in any other course? Please provide details below.

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**RELATIONSHIP BETWEEN THE COURSE AND PRIOR LEARNING**

From the course outline, list the areas for which you seek recognition of prior learning. Indicate your training and/or experience that you feel relates to the course for which you are applying.

<b>Detail of course area/s</b>	<b>Detail of relevant prior experience</b>

**IMPORTANT ADDITIONAL INFORMATION!**

Please check the whole of your application form to ensure you have included all relevant information. Feel free to clarify any points you are unsure about in an interview with a member of our staff.

Thank you for your co-operation.

**STUDENT DECLARATION:**

I enclose \$\_\_\_\_\_being payment for my application for Recognition of Prior Learning for \_\_\_\_\_ (Course title), I understand that should I not decide to proceed with my enrolment the monies for this for Recognition of Prior Learning application are non-refundable. I acknowledge the unreserved right of the National College of Traditional Medicine to alter its course curriculum or fee structure as it sees fit.

**SIGNED:** \_\_\_\_\_ **DATED:** \_\_\_\_\_

**PAYMENT DETAILS:**

**Please ✓ one of the following:**

- I am paying in person via cash.
- I am paying by cheque or money order. Please allow 10 working days for clearance.
- I am paying by credit card. Please note we only accept Visa or MasterCard.
- I am paying by direct deposit. Please ring the college for details.

**CREDIT CARD AUTHORITY (if applicable)**

Please charge my BANKCARD/VISA/MASTERCARD account

No

Name on card: .....

Expiry: ..... Amount..... Signature .....