

RPL APPLICATION FORM

Enrolment Details					
Are you enrolling in a full qualification or part qualification (i.e. individual units)?			<input type="checkbox"/> Full Qualification		<input type="checkbox"/> Individual units
Which qualification/units do you wish to enrol in?					
Personal Details					
Surname:		Title: Mr/Mrs/Miss/Ms/Dr		Date of birth: / /	
First name:		Middle name/s:			
Home address:					
					Postcode:
Postal address: (if different from above)					
					Postcode:
Home phone: ()			Work: ()		
Mobile:			Email:		
General Information					
1. Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
2. Are you a permanent resident of Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Employment					
1. Are you currently employed:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is your main occupation related to the qualification in which you are seeking RPL?					<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the name of your employer?					
2. If no to question 1 above, do you have a workplace where you will be able to be assessed on the job for the qualification in which you are seeking RPL?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of the workplace.					
Further Training					
Have you undertaken any full qualifications related to the occupation of which you are seeking recognition?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, training completion date (month, year):			Country:		
Name of course and institution (if applicable):					
Professional Referees (who have acted in senior capacity to you and can verify your skills)					

1. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
2. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
3. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
Previous Employment History (attach additional sheet if required, or attach CV with these details included)					
Name, address and phone numbers of employers	Period of employment (DD/MM/YYYY)		Position held	FT/PT/Cas	Description of major duties
	From	To			
1.					
2.					
3.					
4.					
Evidence for RPL Application (you are required to include evidence to support your RPL application)					
Document description					Tick (✓) Included
Your current and detailed CV					<input type="checkbox"/>
Copies of Certificates of any formal and informal training you have participated in.					<input type="checkbox"/>
Current and previous (within the last 5 years) position descriptions and performance reviews (if available).					<input type="checkbox"/>
Copies of qualifications you have completed.					<input type="checkbox"/>
Any letters of support from employers or industry contacts (if available).					<input type="checkbox"/>
Contact details of at least 2 professional referees who have acted in a senior capacity to you in the workplace and who can verify your competency (as above).					<input type="checkbox"/>
Qualification Summary					<input type="checkbox"/>
Self-Assessment Checklists					For how many units?
Declaration					

I declare that the information contained in this application is true and correct and that all documents are genuine.			
Candidate signature:		Date:	/ /
Printed name:			

**Please return your RPL application and supporting documents to:
admin@xpert.edu.au**