

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	
Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Identification Verified:	<div>Type of ID:</div> <div>ID Number:</div>
Address:	<div>Building Name:</div> <div>Unit Name:</div> <div>Street:</div> <div>Suburb/Town:</div> <div>State:</div> <div>Postcode:</div> <div>Country:</div>
Postal Address (if different):	

General Information			
Are you a permanent resident of Australia?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employment			
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?			
If NO to being currently employed, 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 (ie. what is your role):			
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 educational institution (if applicable):			
Professional Referees (who have acted in senior capacity to you and can verify your skills)			
Name			
Position:		Organization:	
Relationship to you:			
Phone number:		Mobile:	
Email address:			

Name			
Position:		Organization:	
Relationship to you:			
Phone number:		Mobile:	
Email address:			

Name			
Position:		Organization:	
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			

Evidence for RPL Application (you are required to include evidence to support your RPL application)

Document description	Included?
Your current and detailed CV is attached to this application	<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 completed and attached with this application	For how many units?

Declaration			
I declare that the information contained in this application is true and correct and that all documents are genuine.			
Student Name:		Date:	/ /
Student Signature:			

Please return your RPL application and supporting documents to Boston College for processing.

OFFICE ONLY

ENTERED INTO: SMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No LMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No CMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No	RPL APPLICATION APPROVED – FULL <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No, application rejected If NO– has student/agent been advised? <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No	NOTES:
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ENTERED INTO: SMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No LMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No CMS: <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No	RPL APPLICATION APPROVED – PARTIAL <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No, application rejected If NO– has student/agent been advised? <input type="checkbox"/> Yes <input type="checkbox"/> Pending <input type="checkbox"/> No	NOTES:
Staff Name:		Date:
Staff Signature:		