Credit Transfer Application Form



Section 1 – Client & Visit Details												
Client Name:						Client No.:		:				
Qualification / Course:												
Assessor Name:						Date:	/	/				
Section 2 – Application and Declaration												
Client:												
☐ I wish to apply for credit transfer for the units of competency/modules listed below.												
☐ I have attached original copy of certification documentation from another RTO.												
I declare that certification documentation supplied is legitimate, true and correct.												
I understand that the Assessor will verify my certification documentation for validity.												
Client Signature:						Date:	/	/				
Section 3 – Units /Modules Outcome												
unit on de	11						Assessor Only					
Unit Code	Name					Evidence supplied	Evidence Verified		ssment come	Assessor Initial		
Section 4 – Assessor Judgement and Declaration												
I declare that I have verified certification documentation supplied, is legitimate, true and correct.												
Assessor Name (Print): Assessor Sign					nature:		Date:					
										/	/	
Admin Use Only												
SMS Updated :	Yes		No	Date: /		/	Initia	nitial:				
Client file updated	l: [Yes		No	Date:	/	/	Initia	l:			

Approval Date:	23 Jan 2025	Approved By:	John Whelan	Page 1 of 1	
Next Revision Date:	23 Jan 2027	Document Number:	DOC0054	Revision:	1.3