

RPL Application Form (F9)

For the application of Recognition of Prior Learning (RPL)



PLEASE READ CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT

Purpose of this form

This form should be used to submit a request for Recognition of Prior Learning (RPL) for the assessment of a learners competence. Supporting documentation may be required to substantiate the request.

Instructions

Please ensure you have read the form entirely before completing. Requests will not be actioned unless this form is completed as required. If this form is incomplete when submitted to us, it will not be returned to you. When submitting, please ensure you provide us with the original copy.

- Please use black or blue pen
- Print clearly in block letters

If you require assistance in completing this form, please contact us at support@foodsafety.com.au or by calling 1300 797 020

Lodgement

Once you have completed this form, please return via email to support@foodsafety.com.au or by mail to:

AUSTRALIAN INSTITUTE OF FOOD SAFETY
GPO BOX 436
BRISBANE, QUEENSLAND
AUSTRALIA, 4001

Your Privacy

Your personal information is protected by law. The Australian Institute of Food Safety collects and stores the personal information of our students and customers for the purpose of delivering vocational education and training.

Any data collected by the Australian Institute of Food Safety complies with the Privacy Act 1988 (Commonwealth).

APPLICATION FOR RECOGNITION OF PRIOR LEARNING

This form is to be used by prospective and current students when applying for a recognition of prior learning. This application is for the current course you are applying to or are currently enrolled in. You will need to submit a new form for each course that you wish to apply for a recognition of prior learning for. When applying for a recognition of prior learning, evidence from formal, non-formal and informal learning may be required. You will be contacted by an assessor to discuss recognition of prior learning requirements for the course. Applicants should enrol in units with the assumption that a recognition of prior learning has not been granted until notified otherwise.

1. PERSONAL INFORMATION

FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
STUDENT ID	<input type="text"/>
STREET ADDRESS 1	<input type="text"/>
STREET ADDRESS 2	<input type="text"/>
SUBURB/CITY	<input type="text"/>
STATE	<input type="text"/>
POSTCODE	<input type="text"/>
HOME PHONE	<input type="text"/>
MOBILE PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

Continued over page

