

COURSE CREDIT APPLICATION FORM

*Please note: certified copies of original documents must be lodged with your application.

We do not enrol students under 18 years old.

OFFICE USE ONLY

Received by: _____

Signature: _____

Date: ____ / ____ / ____

STUDENT DETAILS		Student ID Number:		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Others			
Student Surname		Student Given Name		
Student DOB (DD/MM/YYYY)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address in home country	City			
	Post Code/Zip			
	Country			
Email Address		Mobile		
Address in Australia	Street			
	City/Suburb			
	Post Code			
Home Telephone		Fax		
What language do you speak at home?				
APPLICATION DETAILS	What is the basis for your application? (tick box below)			
Credit Transfer	<input type="checkbox"/>			
Recognition of Prior Learning (RPL)	<input type="checkbox"/> fees are applicable for RPL @ \$ per unit, contact college for more detail, refer to Course Credit Policy			
INSERT NAMES OF UNITS		Previous Studies – Course Credit		
Course Name & Code	Unit Code	Unit Name	Year enrolled	Comment by course coordinator & college manager Approved Yes or No
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

INSERT NAMES OF UNITS RPL REQUESTED	RPL – Requested
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Course Name & Code	Unit Code	Unit Name	Comment by RPL Assessor and course coordinator Approved Yes or No
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

DOCUMENTS ATTACHED	Student to refer to Course Credit Policy for further detail on evidence requirements and contact college prior to submission
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<input type="checkbox"/>	Certified copies of certificates/statements of attainment
<input type="checkbox"/>	Supporting evidence

DECLARATION	For your application for course credit to be assessed you must complete this declaration
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I declare that the information I have provided on this form and supporting documentation are true and correct and that I have read the Course Credit Policy.

I acknowledge that incomplete information ,may result in my application being delayed and returned to me

I agree that in the event that I have supplied false, misleading or inaccurate information is provided that JTI reserves the right to cancel enrolment.

I understand and agree and consent that my personal information may be made available to the relevant agencies i.e. Department of Immigration and Border Protection (DIBP), Australian Skills Quality Authority (ASQA), Department of Education (DOE), Tuition Protection Service (TPS) Director and the Health Insurance Provider pursuant to obligations under the ESOS Act 2000, the ESOS Regulations Act 2001 and the National Code 2018 or their successors and to any contractor(s) engaged by JTI to provide advice or services in connection with JTI registration and/or compliance.

JTI will not provide or disclose to any outside party’s personal information other than is approved in this application. However, if required by law to disclose such information then this information will be released.

I further consent to being contacted by JTI and/or the relevant Commonwealth and State agency in connection with my course credit application.

I understand that if I receive Credit for the above units, and this shortens my course duration, this may affect my visa. JTI is required to report any variation in course duration to the relevant government authorities.



Note: You may access your personal information by contacting the International Student Coordinator; your personal details may be edited and corrected if required.

Student Name: _____

Student Signature: _____

Date: ____ / ____ / _____

Once you have completed this form, attach the associated documents. Please forward to:
Job Training Institute Pty Ltd, International Department and the Institute will be in contact with you within 2 weeks.

OUTCOME OF APPLICATION

The Course/Training Manager and RPL assessor to comment on the outcome of application below:

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OFFICE USE ONLY	
Date application received:	
All details provided?	
Course Credit approved?	
RPL or Credit Transfer – comment:	
Detail the outcome of application:	
Signature of Course Manager:	Date: / /
Signature of RPL Assessor:	Date: / /
Signature of IDH:	Date: / /
Has relevant government authorities been notified of course duration variation?	
Has PRISMS been updated?	
Further comments	