

APPLICATION FOR CREDIT TRANSFER

STUDENT DECLARATION

1. I confirm that I wish to apply for credit transfer as outlined in this application form.
2. I have been provided with all the information regarding Credit Transfer and the effect on my enrolment and amount of training.
3. The evidence provided with this application is either
 - a. a photocopy of my original academic transcript/statement of attainment
 - b. my USI records
4. I understand that All Health Training may reject my application in the event that academic transcripts provided cannot be authenticated.
5. I declare that the information and documentation I have provided to All Health Training is true and correct.
6. I confirm that the Certificates and/or Statement of Attainments provided to All Health Training are my own and have been obtained through prior Nationally Recognised Training.
7. I acknowledge that All Health Training will contact the training providers to verify the accuracy of information on my Certificate/Statement of Attainment and give my permission for such.
8. I understand any Credit Transfers granted for unit/s as confirmed by All Health Training will be reflected in my Training Plan.
9. I understand my right to access All Health Training's Complaints and Appeals Policy and Procedure, if I am not satisfied with the outcome of my Credit Transfer application.

Student Signature

Date

OFFICE USE ONLY

Transcript Verified

☐ Yes

☐ No

Application Approved

☐ Yes

☐ No (*state reason*)

Student Notified

☐ Yes - email

☐ No

Approved By

Name

Signature

Date