

Student Details						
Name						
Date of Birth				Mobile		
Email						
Course Enrolled In	<ul> <li>Cert III Individual Support (Disability)</li> <li>Cert III Individual Support (Ageing)</li> <li>Cert IV in Ageing Support</li> <li>Cert IV in Disability</li> </ul>					
Course Location	Blackburn	Preston		Narre War	ren	Flexible
Funding status	Funded		Fee for service			
Evidence Attached with application	<ul> <li>Statement of Attainment/Certificate <u>or</u> USI Records **</li> <li>** Please note - proving your USI record is the quickest way for us to validate your results **</li> <li>Previous AHT Student</li> </ul>					

## Units to be Credit Transferred

Please list below the unit/s you are applying for Credit Transfer.

Credit Transfer will be granted to unit/s you have successfully completed at another training provider. However, these unit/s must have *identical unit code*s and title as the unit/s you are applying for or deemed equivalent.

Unit Code	Unit Title	<b>Evidence Attached</b> (e.g. Statement of Attainment or USI Records & RTO name)	Credit Transfer Granted (Y/N) AHT use only



## **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 attainmentb. 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 No		
Approved By				
Name				
Signature		Date		