APPLICATION FOR CREDIT TRANSFER

CHC33021 – CERTIFICATE III in INDIVIDUAL SUPPORT (DISABILITY)

Student Details				
Name				
Email			**Mobile**	
Funding status	☐ Funded		☐ Fee for service	
Evidence Attached with application	☐ Statement of Attainment/Certificate <u>or</u> ☐ USI Records ** ** Please note - providing your USI record is the quickest way for us to validate your results ☐ Previous AHT Student			

Student Note: As outlined in the Student Handbook, if you believe you may be eligible for CT must submit this form in full **prior to the course commencing**. It will not be accepted after the course commences.

STUDENT DECLARATION

1. I confirm that I wish to apply for Credit Transfer as outlined in this application form.
 2. I confirm that I am submitting my Credit Transfer application prior to course commencement and understand that if I have not provided in full, that it will not be accepted
 3. I have been provided with all the information regarding Credit Transfer and the effect on my enrolment and amount of training.
 4. I understand that if my CT application is successful, I will not be required to complete written assessments for those units, however classroom students must still attend all classes in the timetable.
 5. The evidence provided with this application is either
      a. a photocopy of my original academic transcript/statement of attainment
      b. my USI records
 6. I understand that All Health Training may reject my application in the event that academic transcripts provided cannot be authenticated.
 7. I declare that the information and documentation I have provided to All Health Training is true and correct.
 8. 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.
 9. 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.
 10. I understand any Credit Transfers granted for unit/s as confirmed by All Health Training will be reflected in my Training Plan.
 11. 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**	

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Units to be considered for Credit Transfer

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

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	Applied Units *(Please Tick)*	Credit Transfer Granted *AHT use only*
CHCCCS031	Provide individualised support		
CHCCCS038	Facilitate the empowerment of people receiving support		
CHCCCS040	Support independence and wellbeing		
CHCCCS041	Recognise healthy body systems		
CHCCOM005	Communicate and work in health or community services		
CHCDIV001	Work with diverse people		
CHCLEG001	Work legally and ethically		
HLTINF006	Apply basic principles and practices of infection prevention and control		
HLTWHS002	Follow safe work practices for direct client care		
CHCDIS011	Contribute to ongoing skills development using a strengths-based approach		
CHCDIS012	Support community participation and social inclusion		
CHCDIS020	Work effectively in disability support		
CHCDIS013	Assist with communication using augmentative and alternative communication methods		
CHCCCS042	Prepare meals		
CHCGRP001	Support group activities		
CHCAGE011	Provide support to people living with dementia		
HLTAID011	Provide First Aid		

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OFFICE USE ONLY		
Transcript Verified	☐ Yes	☐ No
Application Approved	☐ Yes	☐ No *(state reason)*
Student Notified	☐ Yes - email	☐ No
HubSpot CT/RPL status updated	☐ Yes	☐ No
Approved By		
Name		
Signature		**Date**	