

*Information collected is in compliance with the Privacy Act
and will be used solely for CRANAplus activities.*

An application for credit transfer is accepted from any person who meets the course enrolment requirements. Places are limited and demand is high; candidates should apply early to ensure a place on the course of their choice.

What is Credit Transfer?

“Credit transfer is a process that provides students with agreed and consistent credit outcomes for components of a qualification based on identified equivalence in content and learning outcomes between matched qualifications”

(Source: Australian Qualifications Framework 2nd Edition January 2013).

Credit Transfer Application Checklist

- ☐ Complete this CT form – incomplete details may result in a delay in gaining a place on your preferred course, if applicable.
- ☐ Pay the course fee (which includes a non-refundable Application Fee of \$50 to cover administrative cost).
- ☐ Provide notated/certified documentation of relevant qualifications or a Statement of Attainment.

| | | | |
|--|--|---|--|
| 1. ARE YOU ALREADY ENROLLED AT CRANAplus? | | NO <input type="checkbox"/> YES <input type="checkbox"/> | IF NO, THEN PLEASE CONTACT CRANAplus TO ENROL ASAP. |
| 2. IF YES, THEN PROCEED TO COMPLETE THIS FORM. | | SUBMISSION DATE:/...../..... | |
| 3. APPLICANT PERSONAL INFORMATION | | | |
| TITLE: DR <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER | | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | |
| FAMILY NAME: | | | |
| GIVEN NAME(S): | | PREFERRED NAME: | |
| DATE OF BIRTH: DAY | | MONTH | YEAR |
| 4.RESIDENTIAL ADDRESS & CONTACT DETAILS | | | |
| ADDRESS: | | | |
| SUBURB: | | STATE: | POSTCODE: |
| PHONE NUMBER: | | EMAIL: | |
| MOBILE PHONE NO: | | | |
| 5.CRANAplus COURSE ENROLLED IN | | | |
| COURSE TITLE: | | LOCATION: | |
| COMMENCEMENT DATE: | | COURSE CODE: | |
| 6.PLEASE PROVIDE US WITH INFORMATION ABOUT YOUR EXISTING OR PREVIOUS STUDIES | | | |
| COURSE TITLE | | | |
| NAME OF INSTITUTION | | | |
| YEAR(S) ENROLLED | | | |
| WAS THE COURSE COMPLETED | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| INSTITUTION CONTACT NAME | | | |
| INSTITUTION CONTACT NUMBER | | | |
| 7. FEES | | | |
| THERE IS NO FEE FOR CREDIT TRANSFER. A CREDIT TRANSFER APPLICATION MAY ONLY BE MADE AS PART OF THE ONLINE ENROLMENT PROCESS. PAYMENT OF FEES ARE MADE FOR A CRANAplus APPROVED SHORT COURSE. YOU NEED TO PAY THE COURSE FEE (WHICH INCLUDES A NON-REFUNDABLE ADMINISTRATION FEE OF \$50 TO COVER ADMINISTRATIVE COSTS). | | | |

| 8. PAYMENT | |
|---|---|
| APPLICATION FEE | Amount Paid: \$AUD |
| PAYMENT METHOD | Credit Card Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Please note that CRANAplus does not accept payment by Diners Card and AMEX. Cash or Cheques are not accepted. |
| CARDHOLDER NAME | |
| CARD NUMBER | Expiry Date: |
| CARDHOLDER SIGNATURE AS AUTHORISATION | If this is not your personal Credit Card please provide the following details of the Cardholder so that CRANAplus can confirm use of their card: Name: Landline: Mobile No: |
| 9. CHECKLIST | |
| <input type="checkbox"/> Completed Credit Transfer Application Form <input type="checkbox"/> Enclosed certified copy of qualification (with units of competency listed)/statement of attainment/academic transcript/statement of results as evidence to support your application is required from the participant for CRANAplus to commence with verification procedures. This means that each copy must be certified to be a true copy and bear the original signature of: <ul style="list-style-type: none"> an authorised signatory of the Institution or RTO that issued the qualification or statement of attainment, or a Justice of the Peace; or a person duly authorised to certify passports and statutory declarations; or, by a CRANAplus staff member who has been provided with both the original and the copy. Applicants are requested to provide the following evidence: <ul style="list-style-type: none"> Certified copy of Qualification or Statement of Attainment; Certified copy of Official Academic Records; Course outlines - if available, which include: topics covered, duration of the course, contact hours, methods and duration of assessment, textbooks used; Contact information for the Institute or RTO, which issued the qualification, or Statement of Attainment. Please note: <ul style="list-style-type: none"> In some instances, the Trainer may determine that it is appropriate to contact the issuing RTO for confirmation or clarification. Status will not normally be granted for studies completed more than 5 years prior to the date of application, unless there is evidence of substantial relevant experience in the intervening years. Previous study must not have been granted as an exemption or similar. Documents submitted will not be returned. | |
| 10. DECLARATION | |
| COMPLETION OF THIS SECTION IS MANDATORY | |
| I (NAME) _____ > authorise CRANAplus to collect, store and use my personal information within the limitations of the Privacy Principles contained in the Privacy Act 1988. > authorise CRANAplus to make relevant enquiries where necessary and in accordance with legislation regarding my academic qualifications and any work experience related to my application for undertaking a course of study. > understand that my information will only be released to third parties in accordance with legislation. > understand that I may at any time revoke my authorisation for CRANAplus to release my information to third parties by notifying CRANAplus and that my ability to revoke cannot be retrospective. > I have read and understood the CRANAplus Recognition Prior Learning & Credit Transfer policy found on the website. I declare that the information I have provided is, to the best of my knowledge, true and accurate. _____ Signed by Applicant Date | |

Please return this completed form with course fee and attachments to:

CRANAplus
PO Box 127
Prospect
South Australia 5033

Telephone: **(61) 08 8408 8200**
 Facsimile: **(61) 08 8408 8222**
 Email: **admin6@crana.org.au**
 Web: **www.crana.org.au**

***Thank you for completing the above information.
 It will assist in the ongoing development of quality training programs in Australia.***

Office Use Only

This section is only to be completed by CRANAplus

Funding Type (if applicable) : _____

Entered/Uploaded into VETtrak : Date: _____ By: _____

Verified Correct : Date: _____ By: _____

| Previous Course/Unit Studied | | | CRANAplus Unit of Competency | | | |
|------------------------------|---------------------|------|------------------------------|------------|----------|--------------|
| Code | Course / Unit Title | Year | Code | Unit Title | Approved | Not Approved |
| | | | | | | |
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Application ☐ **Approved** ☐ **Declined** | Reason for approval/decline of application

Checklist for application

- ☐ Certificate copy of qualification/statement of attainment/academic transcript/statement of results provided.
- ☐ Unit(s) of Competency for nominated short course completed.
- ☐ Results entered into VETtrak and
- ☐ Applicant notified.

Signed by RTO Delegate

Date