CREDIT TRANSFER APPLICATION FORM



CRANAplus 08 8408 8200

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?

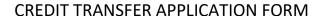
"Credit transfer is a process that provides students with agreed and consistent credit outcomes for components of a qualification based on identified equivalence in content and learning outcomes between matched qualifications" (Source: Australian Qualifications Framework 2nd Edition January 2013).

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 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 MR N	ars 🗖 miss	□ MS □	OTHER	MALE 🗖 FEMALE 🗖				
FAMILY NAME:								
GIVEN NAME(S):				PREFERRED NAME:				
DATE OF BIRTH: DAY				YEAR				
4.RESIDENTIAL ADDRESS & CONTA	ACT DETAILS							
ADDRESS:								
SUBURB:	STATE:			POSTCODE:				
PHONE NUMBER:	EMAIL:							
MOBILE PHONE NO:								
5.CRANAplus COURSE ENROLLE	D IN							
COURSE TITLE:				LOCATION:				
COMMENCEMENT DATE:				COURSE CODE:				
6.PLEASE PROVIDE US WITH INFO	RMATION ABOUT	YOUR EXISTII	NG OR PREVIO	OUS STUDIES				
COURSE TITLE								
NAME OF INSTITUTION								
YEAR(S) ENROLLED								
WAS THE COURSE COMPLETED	YES 🗖 NO 📮							
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 CRANAPIUS APPROVED								

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SHORT COURSE. YOU NEED TO PAY THE COURSE FEE (WHICH INCLUDES A NON-REFUNDABLE ADMINISTRATION FEE OF \$50 TO COVER ADMINISTRATIVE COSTS).





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8. PAYMENT						
APPLICATION FEE	Amount Paid: \$AUD					
PAYMENT METHOD	Credit Card Type: Visa MasterCard 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: Landline: Name: Mobile No:					
9. CHECKLIST						
Enclosed certifice academic transcoparticipant for C	lit Transfer Application Form ed copy of qualification (with units of competency listed)/statement of attainment/ cript/statement of results as evidence to support your application is required from the CRANAplus to commence with verification procedures. In copy must be certified to be a true copy and bear the original signature of: Incorrised signatory of the Institution or RTO that issued the qualification or statement of					

a Justice of the Peace; or

attainment, 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:

- 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:

10. DECLARATION

- 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.

COMPLETION OF THIS SECTION IS MANDATORY

• Documents submitted will not be returned.

I (NAME)	
> authorise CRANAplus to collect, store and use my per	rsonal information within the limitations of the Privacy Principles
contained in the Privacy Act 1988.	
· · · · · · · · · · · · · · · · · · ·	ere necessary and in accordance with legislation regarding my
academic qualifications and any work experience rel	ated 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 author	isation 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 Recognit	ion 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

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

CRANAplusTelephone:(61) 08 8408 8200PO Box 127Facsimile:(61) 08 8408 8222ProspectEmail:admin6@crana.org.auSouth Australia 5033Web: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 On	ly Th	nis section is only to	be completed	by CRANAplus				
Funding Type								
Entered/Uploa	aded into VETtrak : Dat	e:	E	By:				
Entered/Uploaded into VETtrak : Date:								
verified corre	ст . Б	atc		_ Бу				
Previous Course/Unit Studied		CRANAplus Unit of Competency						
Code	Course / Unit Title	Year	Code	Unit Title	Approved	Not Approved		
Application Approved Declined Reason for approval/decline of application								
Checklist for	application							
☐ Unit(s) of	e copy of qualification/stat Competency for nominate ntered into VETtrak and notified.			anscript/statem	ent of results pro	ovided.		
 Signed by R	TO Delegate		_		 Date			

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