



Document 4

Recognition of Prior Learning Application Form

RPL APPLICATION

TAE40116 Certificate IV in Training and Assessment

RPL Application Form

Complete this RPL Application form and return it to the RTO along with any fees required and other documents that you have been asked to supply such as your RPL Self-assessment.

If you can't complete some of the areas associated with professional referees or previous employment leave them blank and the assessor who contacts you will discuss these requirements where applicable.

NB The RTO will also require you to complete the RTOs Enrolment Form. Your Assessor will provide you with the Enrolment Form once you have decided to proceed with your RPL application

RPL APPLICATION FORM

Applicant Details:

1. Occupation you are seeking recognition for	TAE40116 Certificate IV in Training and Assessment	
2. Personal Details		
Surname		
Preferred Title (Mr, Mrs, Ms, Miss)		
First Name/s		
Telephone Numbers	Home:	Work:
	Mobile:	Fax:
3 Current Employment		
Are you currently employed?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
If Yes, in which occupation are you currently employed?	.....
Who is your current employer?	.....
4. Further Training		
Have you undertaken any training courses related to the occupation applied for?		
If Yes		
Occupation you were trained in		
Training completion Date (month, year)		
Country where you trained		
Name of course and training provider or institution (if applicable)		

5. Is there any further information you wish to give in support of your application

6. Professional Referees (relevant to work situation). Providing this detail will be beneficial, nevertheless it is acknowledged that some circumstances may prohibit the inclusion of these details. Leave blank if details are unavailable.

Name	.....
Position	.....
Organisation	.....
Phone Number	.....
Mobile Number	.....
Email Address	.....

Name	.....
Position	.....
Organisation	.....
Phone Number	.....
Mobile Number	.....
Email Address	.....

CANDIDATE EMPLOYMENT HISTORY FORM

Employer' Name	Period of Employment (DD/MM/YYYY)		Position Held	Full Time Part-time Casual	Description of Major Duties
	From	To			
1.					
2.					
3.					
4.					

Indicate whether you agree to any of the above employers being contacted: YES / NO

If you are including documents in your application, please provide a brief description below

Attach additional sheet if required

Document Description (e.g. resume, photos, certificates, etc.)	Office Use Only – Assessor to use this section to align documents to specific units of competency and identify key questions for competency conversation

Declaration

I declare that the information contained in this application is true and correct and that all documents are genuine.

Candidate Signature: _____ **Date** _____

Send completed Application Form, Self-assessment, enrolment fees and other documents described above to:

Christina Scaife
 Bedford College
 Telephone: (02) 8572 3260
 Email: cscaife@bedford.edu.au