

Course Credit Application

Individual Support

Instructions

- Identify (by ticking) the unit of competency you wish to apply for course credit.
- Submit your application form with original/certified supporting documents to the Marketing/Student Services (where relevant) by the first Friday of the first week of the first term of your course.
- This completed form is forwarded to the Course Coordinator who will contact you to discuss your application.
- There are no fees for credit transfer applications.

Glossary

- **CT (Credit Transfer)** - The granting of status or credit by an institution or training organisation to students for units of competency completed at the same or another institution or training organisation.

Section 1 – Student to Complete

First Name		Last Name	
Contact Number		Email	

*For current students only

Student Number	
Course Enrolled	

Note: Please identify (by ticking) the unit of competency you wish to apply for course credit

CHC33021 Certificate III in Individual Support (Ageing and Disability)

Unit Code	Unit Title	Tick	Office Use Only
CHCCCS031	Provide individualised support	☐	
CHCCCS038	Facilitate the empowerment of older 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	☐	
HLTWS002	Follow safe work practices for direct client care	☐	
CHCAGE011	Provide support to people living with dementia	☐	
CHCAGE013	Work effectively in aged care	☐	

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CHCPAL003	Deliver care services using a palliative approach	☐	
CHCDIS011	Contribute to ongoing skills development using a strengths- based approach	☐	
CHCDIS012	Support community participation and social inclusion	☐	
CHCDIS020	Work Effectively in disability support	☐	

Supporting Evidence:

☐

Certificate

☐

Transcript

☐

Others: _____

Student Declaration

I wish to apply for Course Credit in the above-mentioned units and certify that the information supplied by me including any original/certified supporting documents is to the best of my knowledge and true and accurate. I understand that once course credit has been granted, the duration of my course may be shortened. If I am an international student, a new eCOE will be issued and I will be responsible to advise the Department of Home Affairs for any new changes to my course duration. I acknowledge and agree to follow an adjusted course plan as an outcome of Course Credit grant for the above-mentioned units.

Signature of Student:

Date:

Office Use Only

Section 2 – Marketing or Student Services to Complete

To be completed **BEFORE** Course Coordinator assessed application:

Received and Checked By:

Signature:

Date:

Section 3 – Course Coordinator to Complete

GRANTED

Number of units granted: _____

New Duration of Course: _____

Proposed new end date: _____

Notes:

Action Plan:

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<u>REFUSED</u> Number of units refused: _____ Reason for refusal: _____			
Assessed and Approved by Course Coordinator			
Name:			
Signature:		Date:	

Section 4 – Marketing or Student Services to Complete

4.1 Student has been contacted in writing of the following information:

- The outcome of course credit application (Granted/Refused).
- If granted: The duration of their course may be shortened. For international students, a new eCoE will be issued and they will be responsible to advise the Department of Home Affairs for any new changes to their course duration.
- If refused: The student reserves the right to access Skills Training Australasia’s grievance and appeals processes. The National Code allows international students to access the complaints and appeals processes within 20 days of receiving the decision to have their grievances heard and addressed.

Contacted by:			
Signature:		Date:	

4.2 To be completed (only if Course Credit is granted)

New eCOE created (for International students only):

- | | | | | |
|--------------------------|-----|-------------|------------|-------|
| ☐ | Yes | Created by: | Signature: | Date: |
| ☐ | N/A | | | |

Updated student enrolment in SMS by:	Signature:	Date:
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