Course Credit Application
Health Services

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

HLT33115 Certificate III in Health Services Assistance

Subject	Unit Code	Unit Title	Tick	Office Use Only
The Human Body	HLTAAP001	Recognise healthy body systems		
	BSBMED301	Interpret and apply medical terminology appropriately		
Safety in Health Care	HLTAID003	Provide first aid		
	HLTINF001	Comply with infection control policies and procedures		
	HLTWHS001	Participate in work health and safety		
Basic Care	CHCCCS012	Prepare and maintain beds		
	CHCCCS002	Assist with movement		
	CHCCCS026	Transport individuals		
	CHCCOM005	Communicate and work in health or community services		
Working with Others	BSBWOR301	Organise personal work priorities and development		
	CHCDIV001	Work with diverse people		
	CHCCCS020	Respond effectively to behaviours of concern		
	CHCCCS010	Maintain a high standard of service		
Acute Care	HLTAIN001	Assist with nursing care in an acute care environment		
	HLTAIN002	Provide non-client contact support in an acute care environment		

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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   _____

Duration of Course affected: _____   Proposed new end date: _____

Notes:

Action Plan:

REFUSED

Number of units refused: _____

Reason for refusal: _____

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Assessed and Approved by Course Coordinator	

Name:	

Signature:		Date:	

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 Australia'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: