

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.

Section 1 – Student to Complete

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.

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						
HLTWHS002	Follow safe work practices for direct cli	ient care					
CHCAGE011	Provide support to people living with d	ementia					
CHCAGE013	Work effectively in aged care						



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CHCPAL003	Deliver ca	re services us	ing a palliative	approach			_			
CHCDIS011		e to ongoing s based appro	skills developr ach	nent using a						
CHCDIS012	Support c	Support community participation and social inclusion								
CHCDIS020	Work Effe	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 Se	rvices to Comple	ete							
To be completed BEFC	ORE Course Co	ordinator assess	ed application:							
Received and Checked	d By:									
Signature:										
Date:										
Section 3 – Course Coordinator to Complete										
GRANTED										
Number of units grant	:ed:									
New Duration of Course: Proposed new end date:										
Notes:										
Action Plan:										



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REFUSED							
	ts refused:						
Reason for refu	Reason for refusal:						
Assessed and	Approved by Course Coordinator	r					
Name:							
Signature:			Date:				
	rketing or Student Services to Co	•					
	s been contacted in writing of the	_					
	 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	and they will be responsible to advise the Department of Home Affairs for any new changes to their course						
	duration.						
• <u>If refused:</u> 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 grievar	nces 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 C	reated by:	Signature:		Date:			
□ N/A							
Updated stude	Updated student enrolment in SMS by: Signature: Date:						