

Applicant Details:			
Surname:			
Given Names:			
Student ID (If known)		Date of Birth	/
Postal Address:			
Residential Address:			
Telephone Day:		Evening:	
Mobile:			
Email Address:			
I understand that Sunraysia Ins items for a period of 7 years fo retain a copy of your evidence	or auditing purposes, after wh	•	
I hereby declare that all evider	nce I have provided in my por	tfolio is my own work.	
Student Signature		Date:	//
Costs Associated With This Application			
Payment of fees must be made at the time of submission of the Skills Recognition Application.			
OFFICE USE ONLY – Completed Attachments Checklist			
Tick sheet			
Enrolment Form			
Skills Recognition Assessment	Booklet with evidence mappe	ed	
List of supportive Evidence (Attachments)			
Certified Supportive Documents			
To be completed by Educational Manager or Delegated Officer prior to Enrolment			
Course Code and Title:			
To be completed by Enrolling Officer			
Fee:			
Date submitted:		Receipt Number:	
Signature of Enrolling Officer			

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Preparing your Skills Recognition Assessment Application

At your initial skills recognition interview, the content expert will discuss with you what units may be suitable to RPL. Following the initial interview, you will prepare your Skills Recognition Application as follows.

There are two parts to the Skills Recognition Application; these are the Skills Recognition Application Form and the Skills Recognition Assessment Booklet. Please ensure that you complete both parts as they contain important information used to assess your application.

Gathering Evidence

When collecting evidence, you must be able to provide appropriate evidence to demonstrate that you have the skills and knowledge required by each unit of competency. Evidence could consist of, but is not limited to, qualifications or formal statements of results, position descriptions, documents which you have produced as a result of your work activities, professional development, performance appraisal reports, testimonials and samples of your own work.

The evidence that is submitted will be checked by an assessor to ensure that it is:

- Authentic all submitted documentation is your own work and is able to be verified as genuine.
- **Sufficient** the evidence that is submitted addresses the complete unit of competency.
- **Current** the evidence submitted must comply with current standards and demonstrate current skills and knowledge
- Valid evidence must address the performance criteria skills and knowledge requirements of the unit of competency

Submitting your Application

Once you are confident you have completed the Skills Recognition Application, and have collated your evidence, please make an appointment with the Skills Recognition Centre to finalise your application. Payment of fees must be made at the time of submission of the Skills Recognition Assessment Application.

Skills Recognition Centre – Mildura Campus Contact Number: 03 5022 3737 Email address: skills@sunitafe.edu.au Robinvale Campus Contact Number: 03 5051 8300 Email address: robinvale@sunitafe.edu.au

Swan Hill Campus Contact Number: 03 5036 0220 Email address: swanhill@sunitafe.edu.au

Receiving your Results

Once your application is submitted, the Assessor will conduct a thorough assessment of your evidence against the requirements of each unit of competency. Assessment will be conducted within approximately 2 to 4 weeks. An assessment outcome will be provided to you.

Where recognition of prior learning has not been granted, you will be provided with feedback, and an opportunity to resubmit within an agreed timeframe.

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Evidence Summary					
Complete the following sections and provide evidence to support your application. If you have a resume, attach it to your skills recognition application. To avoid duplication, if your resume covers any of the following, please mark as 'refer to Resume'.					
Work Experience/Employme	ent History				
Company:	Contact Person:				
Contact Phone Number:	Contact Email Addre	ess:			
Postal Address:	Employed:	F	rom://	To://	
	Position Held:				
	Full Time: 🗖	Part Time	e: 🗖 🛛 Casua	al: 🗖	
Type of work:					
Company:	Contact Person:				
Contact Phone Number:	Contact Email Addre	ess:			
Postal Address:	Employed:	F	rom://	To://	
	Position Held:				
	Full Time: 🗖	Part Time	e: 🗖 Casu	al: 🗖	
Type of work:					

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Company:		Contact Person:	
Contact Phone Number:		Contact Email Address:	
Postal Address:		Employed:	From:// To://
		Position Held:	
		Full Time: D Part T	Time: 🗖 Casual: 🗖
Type of work:			
Company:		Contact Person:	
Contact Phone Number:		Contact Email Address:	
Postal Address:		Employed:	From:// To://
		Position Held:	
		Full Time: D Part T	Time: 🗖 Casual: 🗖
Type of work:			
Any additional work experience etc. that you think might be relevant. Please provide details in the space provided below:			

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Previous Training and Qualifications			
Dates	Level of Study/Training e.g. Apprenticeship, Certificate etc.	Qualifications Gained or Attempted	Results (e.g. Pass, Not Completed)
e.g. July 2007	Certificate	Certificate I in Occupational Health & Safety	Pass

Please attach sighted copies of original documents to substantiate details

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Life Experience		
Activity e.g. experience gained in social, family, community and leisure such as hobby groups and clubs	Duration	Skills Attained
e.g. Secretary of local tennis club	5 years	Taking minutes, setting meeting agenda

Non-formal Learning History			
Employer	Date	Hours of	Structured Program Completed
		Program	(in-house professional development programs conducted while in employment)
e.g. Smith's Pty Ltd	June 2006	6	Creating a Motivated Workplace

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List of Supportive Evidence (Attachments)		
Reference Number of Document	Name of Document	
1	Position Description	
2	Resume	

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Supporting evidence list continued				
Reference Number of Document	Name of Document			

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