

# RPL Application Form



Enrolment Details			
Are you enrolling in a full qualification or part qualification (i.e. individual units)?		<input type="checkbox"/> Full Qualification	<input type="checkbox"/> Individual units
Which qualification/units do you wish to enrol in?			
Personal Details			
Surname:		Title: Mr/Mrs/Miss/Ms/Dr	Date of birth: / /
First name:		Middle name/s:	
Home address:			
		Postcode:	
Postal address: (if different from above)			
		Postcode:	
Home phone:	( )	Work:	( )
Mobile:		Email:	
General Information			
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
2. Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Employment			
1. Are you currently employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is your main occupation related to the qualification in which you are seeking RPL?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of your employer?			
2. If no to question 1 above, do you have a workplace where you will be able to be assessed on the job for the qualification in which you are seeking RPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide details of the workplace.			
Further Training			
Have you undertaken any full qualifications related to the occupation of which you are seeking recognition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, training completion date (month, year):		Country:	
Name of course and institution (if applicable):			
Professional Referees (who have acted in senior capacity to you and can verify your skills)			
1. Name			
Position:		Organisation:	
Relationship to you:			
Phone number:		Mobile:	
Email address:			

2. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
3. Name					
Position:		Organisation:			
Relationship to you:					
Phone number:		Mobile:			
Email address:					
<b>Previous Employment History</b> (attach additional sheet if required, or attach CV with these details included)					
Name, address and phone numbers of employers	Period of employment (DD/MM/YYYY)		Position held	FT/PT/Cas	Description of major duties
	From	To			
1.					
2.					
3.					
4.					
<b>Evidence for RPL Application</b> (you are required to include evidence to support your RPL application)					
Document description					Included?
Your current and detailed CV					<input type="checkbox"/>
Copies of Certificates of any formal and informal training you have participated in.					<input type="checkbox"/>
Current and previous (within the last 5 years) position descriptions and performance reviews (if available).					<input type="checkbox"/>
Copies of qualifications you have completed.					<input type="checkbox"/>
Any letters of support from employers or industry contacts (if available).					<input type="checkbox"/>
Contact details of at least 2 professional referees who have acted in a senior capacity to you in the workplace and who can verify your competency (as above).					<input type="checkbox"/>
Qualification Summary					<input type="checkbox"/>
Self Assessment Checklists					For how many units?
<b>Declaration</b>					
I declare that the information contained in this application is true and correct and that all documents are genuine.					
Candidate signature:				Date:	/ /
Printed name:					

**Please return your RPL application and supporting documents to:**  
**In person: Level 1, 457 Chapel Road Bankstown NSW 2200 Mail to: PO Box 3004 Bankstown Square NSW 2200**  
**Email: info@bcc.edu.au**