

Credit Transfer Application/Qualification Verification

| To allow All-Ways Training Services (AWTS) to verify your qualification, please complete sections 1 and 2. | | | | | | | | | |
|--|--------------------------------------|--|--|-------|---|-------|---------------------------|-------------------|--|
| Section 1 – Student Details | | | | | | | | | |
| Student Name: | tudent Name: | | | | | Date: | | | |
| Skillset/Course: | | | | | | | | | |
| Section 2 – Application and Declaration | | | | | | | | | |
| I confirm that I wish to apply for credit transfer for the unit/s of competency listed in the table below. | | | | | | | | | |
| I completed the unit/s of competency with:(name of Registered Training Organisation) and have attached a copy of my certification documents. | | | | | | | | stered | |
| Any certification documents supplied by myself or my employer are legitimate, true and correct. I give permission for AWTS to contact the issuing Registered Training Organisation (RTO) to verify my certification documents and if the issuing RTO require identification, I consent for AWTS to forward a copy of the identification I supplied at enrolment. I give permission for AWTS to view an electronic transcript of my qualification/units of competency via the USI Organisation Portal (www.usi.gov.au). | | | | | | | | | |
| Student Signature: | | | | | | | / | / | |
| Section 3 – Units /Modules Outcome (AWTS to complete) | | | | | | | | | |
| NOTE: Credit transfer is only available on the same Units of Competency (UOC) required for the qualification you are being trained/assessed for. www.training.gov.au lists the units of competency required under each qualification. | | | | | | | | | |
| | | Unit Name | | | | | For AWTS completion only: | | |
| Unit Code | | | | | | | Evidence Verified | Accept/ Reject | |
| MSMPER200 | Work | Work in accordance with an issued permit | | | | | | | |
| MSMWHS110 | Follow emergency response procedures | | | | | | | | |
| MSMWHS200 | Work | Work safely | | | | | | | |
| Section 4 – Judgement and Declaration (AWTS to complete) | | | | | | | | | |
| Method of Verification: | Email | Email/Phone Comments: | | | | | | | |
| I declare that I have verified the certification documentation supplied and accept that it is legitimate, true and correct. | | | | | | | | | |
| AWTS Compliance/Director signature: | | | | Date: | / | / | | | |

Revision Date: 24 Mar 2023

Next Review: 24 Mar 2025