

# Credit Transfer Application Form

**Student: To support your application for credit transfer, please complete Sections 1, 2 and 3.**

## Section 1 – Student Details

<b>Name:</b>		<b>Date:</b>	
<b>Skillset/Course:</b>			

## Section 2 – Application and Declaration

I confirm that I wish to apply for credit transfer for the unit/s of competency listed below.

AWTS needs to verify your qualifications – please tick **one** of the boxes below to confirm where you obtained your qualification:

- I completed the unit/s of competency listed below with AWTS **OR**
- I completed the unit/s of competency with another Registered Training Organisation and have attached a copy of my certification documents.

Please tick all of the following boxes:

- I declare that any certification documents supplied are legitimate, true and correct.
- I give permission for AWTS to contact the issuing RTO to verify any certification documents for validity.
- I grant permission for AWTS to view an electronic transcript of my qualification/units of competency via the USI Organisation Portal ([www.usi.gov.au](http://www.usi.gov.au)).

<b>Student Signature:</b>		<b>Date:</b>	/ /
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## Section 3 – Units /Modules Outcome

**NOTE:** Credit transfer is only available on the same Units of Competency (UOC) required for the qualification you are being trained/assessed for. Training.gov.au lists the UOC's required under each qualification.

Unit Code	Unit Name	AWTS Only			
		Evidence supplied	Evidence Verified	Outcome Accept/Reject	Initials
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

## Section 4 – Judgement and Declaration (AWTS to complete)

I declare that I have verified the certification documentation supplied and accept that it is legitimate, true and correct.

<b>AWTS Compliance Signature:</b>		<b>Date:</b>	/ /
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I declare that I have checked the certification documentation issued and confirm that it is true and correct.

<b>AWTS Director Signature:</b>		<b>Date:</b>	/ /
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## Admin Use Only

<b>SMS Updated:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /	<b>Initial:</b>	
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