



# AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St  
Melbourne, VIC 3000, Australia  
Phone: +61 3 9639 9951 | Website: [www.asli.vic.edu.au](http://www.asli.vic.edu.au)  
CRICOS No: 03483G | RTO No : 40794

## Application Form – Recognition of Prior Learning

### A. STUDENT DETAILS

Student ID (If known):			
Student Full name:			
Date of Birth:		Contact Phone:	
Email ID:			
Course Code & Name:			

### B. RPL SOUGHT

Qualification/Course Code:	
Qualification/Course Name:	

Please list below the competency units you are applying for Recognition of Prior Learning (RPL).  
Please provide the list/details of evidence in Part D of this application to support RPL for each unit.

Unit Code	Unit Name	Evidence attached (Y/N)

### C. DECLARATION



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<input type="checkbox"/> I declare that the information and documentation given is true and accurate and I have not willfully suppressed any information. <input type="checkbox"/> I understand that if there are any changes to the information provided by me in this form, I would notify ASLI staff immediately and, in the event, that I fail to do so. I may be liable for any additional costs incurred.	
<b>Signature of the Student:</b>	<b>Date:</b>

Once complete, send this form [sso@asli.vic.edu.au](mailto:sso@asli.vic.edu.au) It will be forwarded to the Training Manager or representative for assessment.

<b>For Office use only</b>		
<b>Received by:</b>	<b>Signature:</b>	<b>Date:</b>
<input type="radio"/> Documents Verified <input type="radio"/> Processed <input type="radio"/> Pending <input type="radio"/> Contact sheet updated <input type="radio"/> Others		
<b>Date:</b>		

<b>D. EVIDENCE</b>		
Please attach evidence for each unit to support your application. This could include:		
<input type="radio"/> Certificates/Statement of Results/ Attainment <input type="radio"/> Reference which can be contacted <input type="radio"/> Subject Outline Including Performance Criteria <input type="radio"/> Examples of relevant work samples/Portfolio <input type="radio"/> Personal Resume <input type="radio"/> Position Description		
You may be asked to provide further information/evidence, attend further interviews, complete written/oral assessment, and undertake demonstration of skills, workplace assessment/observation or skills test. Please be aware you may be required to undertake some or all of these depending on the evidence you provide, and the qualification being applied for.		
Unit Code	Unit Name	Evidence



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## OFFICE USE ONLY:

<b>E. RPL UNIT ASSESSMENT RECORD</b>	
Student Full Name:	
Unit Code:	
Unit Name:	

Critical Aspects of Assessment			
Elements of Competency and Performance Criteria	Evidence Submitted	Competent (Yes/No)	Comment
Element 1			
Element 2			
Element 3			
Element 4			
Element 5			
Element 6			

### RPL RESULT:

Granted

Not granted

### Feedback Given:

Yes

No



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**Assessor Comments:**

**Assessor Name:**

**Signature**  
**Date:**

## ACCEPTANCE BY THE STUDENT

I accept and agree to the assessment made to my application for RPL.

**Signature:**

**Date:**

## For Admin use only

**Processed by:**

**Signature**

**Date:**

- Student Notified
- SMS updated

- Student File Updated:
- Academic File updated: