

Skills Recognition

Your experience counts!

ELECTRONIC FORM



WHAT WORKS FOR YOU

Workplace. Online. Campus.
cit.edu.au

ADMINISTRATION
USE ONLY (SSH)

Tracking No. (CRM) –

APPLICATION/CHECKLIST & RECEIPT

Through CIT's Skills Recognition process you can achieve qualifications by having your previous study, skills and knowledge recognised making your work and life experiences count toward your qualification.

Have you decided on a Program/Course?

- Refer to course finder <http://www.cit.edu.au/future/courses>
- If still unsure, talk to a CIT Careers Advisor – (02) 6207 3188

Have you got the subject information/description for each subject within your chosen program/course?

- Attend an information session if one is available on the program you are interested in – contact the Student Services Hub for session dates – (02) 6207 3188
- Contact the relevant teaching area through the Student Services Hub and have subject outlines sent to you

Have you identified which subjects you want to apply for?

- Evaluate previous study or life experience, hobbies, work skills and history against the subjects
- Identify and match your skills and experience to the subject information where possible

Fill out the form and ensure you keep a photocopy of all documentation (fill in red boxes only)

- Please clearly tick Previous formal study or/and Work/life experience (page 3 of application)
For Previous formal study – Attach Transcript and Academic qualifications (must be certified copies not originals)
For Work/life experience – Attach Current CV/Resume and job description/duty statement (if available)

Take your form to the Student Services Hub

- You will need to provide your CIT number or proof of citizenship and identity such as a Medicare card, passport or drivers licence
- Staff will check that personal details and subject information are filled in correctly
- You will be allocated an application tracking number
- If you are using work or life experience as evidence a fee will be charged and an invoice will be issued.
- The Skills Recognition process will commence upon payment of invoice (if invoice was issued)
- The subject specialist may contact you to organise a follow up consultation or to request further information
- It is your responsibility to provide further information/evidence when requested.

NB If payment has not been received 14 days after the due date on the invoice your Skills Recognition application will be cancelled, and you will need to reapply.

Application will expire after 14 weeks.

*Student to keep this page of application

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Skills Recognition – Application Form

PERSONAL DETAILS

All personal information provided will be handled confidentially in accordance with the *Privacy Act 1988*.

Details provided may be checked with or supplied to other authorised agencies eg. Centrelink and NCVET where necessary or required by law.

USE BLOCK LETTERS

Family Name: <input type="text"/>	Student ID <input type="text" value="CIT"/>
Given Names: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
RESIDENTIAL ADDRESS:	Mobile Number <input type="text"/>
Street: <input type="text"/>	Home Phone <input type="text"/>
Suburb: <input type="text"/>	Work Phone <input type="text"/>
State: <input type="text"/> Postcode: <input type="text"/>	Emergency Number <input type="text"/>
MAILING ADDRESS: (if different from Residential Address)	Emergency Name <input type="text"/>
Street: <input type="text"/>	Fax Number <input type="text"/>
Suburb: <input type="text"/>	
State: <input type="text"/> Postcode: <input type="text"/>	
Email: <input type="text"/>	

Are you an International Student? Yes No

Pastoral Care Officer Name <input type="text"/>	Pastoral Care Officer Signature <input type="text"/>	Date <input type="text"/>
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Program Code: Program Title:

I acknowledge that this Skills Recognition application does not automatically guarantee me with a position in the delivery pathway of the program.

To enter the delivery pathway of this program I need to follow the application/enrolment process as listed on the CIT website.

I understand fees may apply and that I am liable to pay these fees.

Student/Applicant to Sign: Date:

ADMINISTRATION USE ONLY (SSH)			
Total Fees	<input type="text"/>	Fee Exemption (tick if applied)	Sponsor ID CIT <input type="text"/>
Less Concession	<input type="text"/>	<input type="checkbox"/> Literacy/English Language	
Total Due	<input type="text"/>	<input type="checkbox"/> Apprentice (1st year)	
Processing/Invoice Date	<input type="text"/>	<input type="checkbox"/> Sponsored	
		<input type="checkbox"/> Other	
		Please Specify	<input type="text"/>
Personal details checked by	Date	Registration details entered by	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL HISTORY

Current Employment

Are you currently employed?

Yes

No

If yes, in which occupation are you currently employed?

Formal Training History

You must attach certified copies of transcripts & qualifications (not originals)

Have you undertaken any formal study related to the program for which you are seeking Skills Recognition?

Yes

No

If yes - Name of the course and institution or company (if applicable) Course:

Institute:

Training completion date (month, year)

Month:

Year:

Country where you were trained

Further Information

Attach CV/resume and Job Description to support work and life experience applications

CV/resume

Job Description/s

Is there any further information you wish to give in support of your application?

eg. hobbies, volunteer work or examples of any other information related to this application

What are you hoping to achieve from this process?

eg. part/whole Qualification or Statement of Attainment

Whole Qualification

Part Qualification

Statement of Attainment

Other

Specify

Name

Student ID CIT

Tracking No. (CRM) –



Subjects identified for Skills Recognition

Program/Course Code

Program/Course Title

List CIT Subjects you want Skills Recognition for: (fill in white areas only)

Type of evidence you will be using

CIT Subject Title		CIT Subject Code	National Competency ID	Previous formal study	Work/life experience	Decision Code (see legend below)	Time Spent	Assessor Name and Signature	Office Use Only
EXAMPLE: CIT SUBJECT Develop keyboard skills		WORD103	BSBITU102A	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Fees
1. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							Time	Assessor Signature	
2. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							Time	Assessor Signature	
3. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							Time	Assessor Signature	
4. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							Time	Assessor Signature	
5. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							Time	Assessor Signature	

Additional subjects continue overleaf All information is protected against unauthorised disclosure under the Privacy Act 1988.

Decision Code Legend: FORMAL STUDY CREDIT: NR – National Recognition Granted CT – Credit Transfer Granted NA – Not Approved

OR RPL ONLY: RG – Recognition Granted RGL – Recognition Granted Low Complexity NG – Recognition Not Granted

Name

Student ID CIT

Tracking No. (CRM) –



Subjects identified for Skills Recognition – continued

List CIT Subjects you want Skills Recognition for: (fill in white areas only)

CIT Subject Title		CIT Subject Code	National Competency ID	Type of evidence you will be using		Decision Code (see legend below)	Time Spent	Assessor Name and Signature	Office Use Only
				Previous formal study	Work/life experience				
6. CIT SUBJECT	APPLICANT TO FILL IN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE	ASSESSOR TO FILL IN						Time	Assessor Signature	
7. CIT SUBJECT	APPLICANT TO FILL IN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE	ASSESSOR TO FILL IN						Time	Assessor Signature	
8. CIT SUBJECT	APPLICANT TO FILL IN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE	ASSESSOR TO FILL IN						Time	Assessor Signature	
9. CIT SUBJECT	APPLICANT TO FILL IN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE	ASSESSOR TO FILL IN						Time	Assessor Signature	
10. CIT SUBJECT	APPLICANT TO FILL IN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Date	Assessor Name	
EVIDENCE	ASSESSOR TO FILL IN						Time	Assessor Signature	

All information is protected against unauthorised disclosure under the Privacy Act 1988.

Office Use Only	EDUCATION MANAGER'S APPROVAL	<input type="checkbox"/> Evidence Attached	Manager's Name: <input type="text"/>	Signature:.....	Date:.....	COMMERCIAL PROGRAM
	CENTRE DIRECTOR'S APPROVAL	<input type="checkbox"/> Waive Fees	Director's Name: <input type="text"/>	Signature:.....	Date:.....	

Centre Director signature required where >70% of program, recognition high risk or fees are waived.

Decision Code Legend: **FORMAL STUDY CREDIT:** **NR** – National Recognition Granted **CT** – Credit Transfer Granted **NA** – Not Approved
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Office Use Only	Decision entered on Banner by	Date
	<input type="text"/>	<input type="text"/>