

Skills Recognition

APPLICATION FORM



STUDENT CHECKLIST AND RECEIPT – Please retain this page for your records.

Through CIT's Skills Recognition process you can have your previous study, skills and knowledge recognised making your work and life experiences count toward your qualification. To apply complete the following:

- ☐ **Have you decided on a program/course?**
 - Refer to cit.edu.au/courses
 - If still unsure, talk to a CIT Career Advisor – (02) 6207 3188
- ☐ **Have you got the subject information/description for each subject within your chosen program/course?**
 - Contact (02) 6207 3188 to enquire about information sessions for the program you are interested in or 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 (attached) and ensure you keep a photocopy of all documentation (fill in white boxes only)**
 - Information collected on this application will only be used to assess this Skills Recognition application. All personal information provided will be handled and stored in accordance with the Information Privacy Act 2014. To view CIT's Privacy Policy go to cit.edu.au/about/cit_privacy_policy
 - Clearly tick previous formal study and/or work/life experience (page 2 of application)
For previous formal study – attach transcript and academic qualifications (must be certified copies not originals)
Note: Registered Training Organisation (RTO) transcripts older than five years, overseas and university transcripts will require additional evidence and incur a fee.
- ☐ **Take your form to CIT Student Services**
 - You will need to provide your CIT number or three forms of ID including residency status (international/domestic student)
 - Staff will check that personal details and subject information are filled in correctly
 - You will be allocated an application number
 - If you are using work or life experience and previous formal study (refer to note above) 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 will contact you to organise a follow up consultation or to request further information for work/life experience
 - It is your responsibility to provide further information/evidence when requested (within two weeks of request or application will be cancelled - note: fees non-refundable).

NB: If payment has not been received by the due date/census date on the invoice your Skills Recognition application will be cancelled and you will need to reapply. (Note: Fees are non-refundable.) For all enquiries regarding this application please call: (02) 6207 3188.

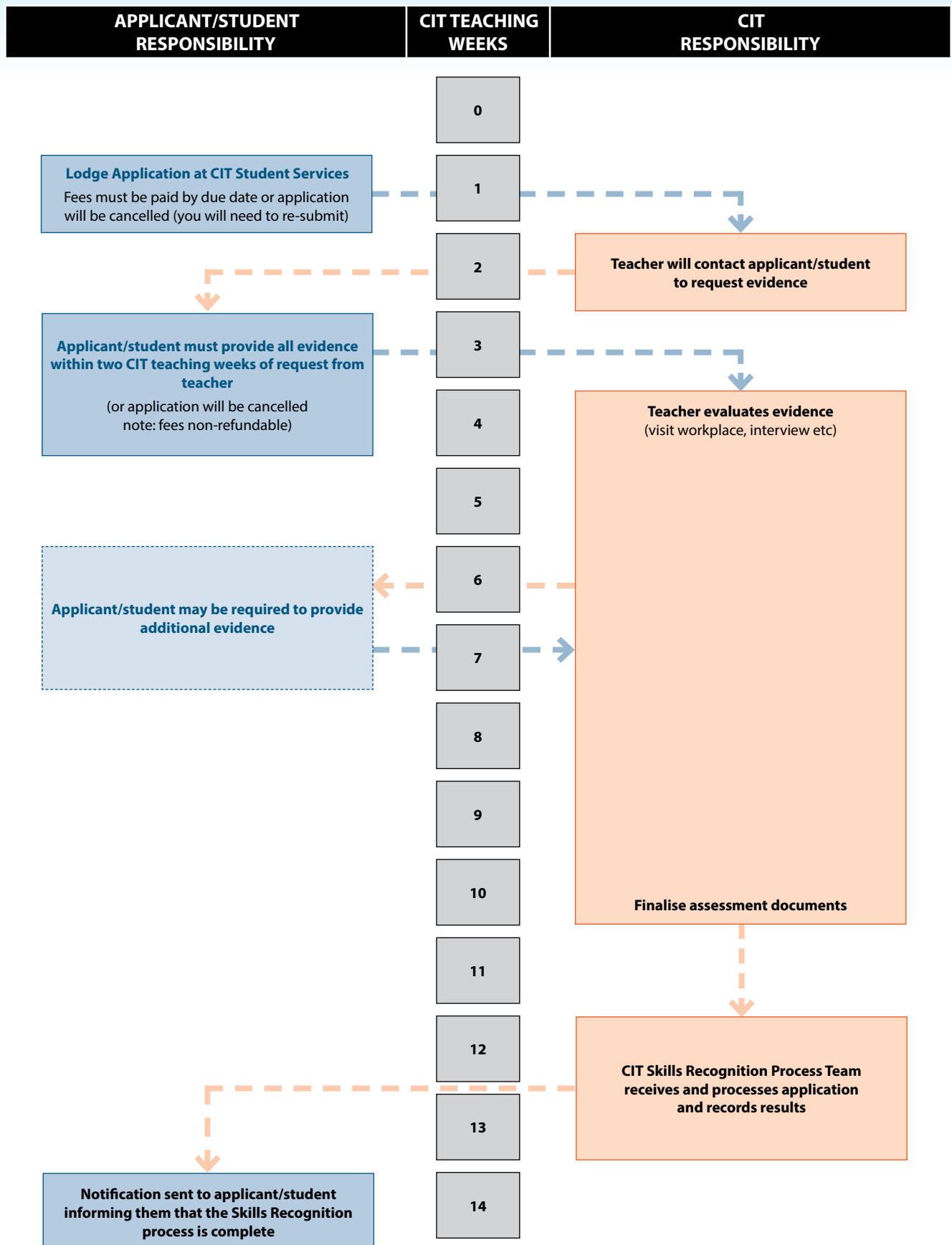
ADMINISTRATION
USE ONLY

Application No. (CRM)

 –

SKILLS RECOGNITION PROCESS

Timeline and Responsibility Chart



Skills Recognition Application Form

PERSONAL DETAILS

All personal information provided will be handled confidentially in accordance with the *Information Privacy Act 2014*.

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 - THE FOLLOWING SECTION IS COMPULSORY

Family Name:

Given Names:

Date of Birth:

RESIDENTIAL ADDRESS:

Street:

Suburb:

State:

Postcode:

MAILING ADDRESS: (if different from Residential Address)

Street:

Suburb:

State:

Postcode:

Student ID:

USI Number:

Male ☐ Female ☐ X ☐

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐

Mobile Number

Home Phone

Work Phone

Emergency Number

Emergency Name

Fax Number

Email:

Are you an International Student? ☐ Yes ☐ No

If Yes:

Pastoral Care Officer Name

Pastoral Care Officer Signature

Date

Program Code:

Program Title:

Current Employment - Compulsory Section:

Are you currently employed? ☐ Yes ☐ No

If yes, in which occupation are you currently employed?

Are you a CIT staff member: ☐ Yes ☐ No

If yes, which section of CIT do you work in?

EVIDENCE TO SUPPORT THIS SKILLS RECOGNITION APPLICATION



Formal Training History

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

You will be required to sign below to grant CIT permission to contact any former Registered Training Organisation (RTO) for verification of your transcripts.

Have you undertaken any formal study with CIT or any other RTO related to the program for which you are seeking Skills Recognition? ☐ Yes ☐ No

If no – please refer to Work/Life Experience section below.

If yes – name of the course and institution or company (if applicable)	Course:	<input type="text"/>	
	Institute:	<input type="text"/>	
Training completion date (month, year)	Month:	<input type="text"/>	Year: <input type="text"/>
	Country where you were trained <input type="text"/>		

Note: Registered Training Organisation (RTO) transcripts older than five years, overseas and university transcripts will require additional evidence for work/life experience and incur a fee.

Work/Life Experience

You will need to sign below to acknowledge that all evidence provided is your own work.

Share your experiences through a conversation with a subject specialist to identify your specific evidence requirements, these may include:

CV/Resume	<input type="checkbox"/>	Hobbies	<input type="checkbox"/>
Community/Volunteer Work	<input type="checkbox"/>	Portfolio of work	<input type="checkbox"/>
Supervisor Reports	<input type="checkbox"/>	Duty statement/Job description	<input type="checkbox"/>
Skills demonstration (live/recorded)	<input type="checkbox"/>	Competency conversation	<input type="checkbox"/>
Workplace observation	<input type="checkbox"/>	Certified copies of other formal study	<input type="checkbox"/>

Note: You will be required to provide any requested evidence within fourteen (14) days. Failure to provide requested evidence will result in cancellation of your application.

I (print name) acknowledge that all evidence provided is my own work and where applicable, give CIT permission to contact any educational institute to verify my qualification results.

I acknowledge that this Skills Recognition application does not automatically guarantee me 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 and acknowledge that I am responsible for any fees and meeting timeline requirements.

Signature Date

ADMINISTRATION USE ONLY

Fee Exemption ☐ Yes ☐ No

Please specify

Total fees

Less concession

Total due

Invoice due date

☐ Paid

Commercial Program ☐ Yes ☐ No

If Yes, please select how the student will be invoiced.

Student Type

☐ C

☐ U

Date paid

Personal details checked by

Date

Name Student ID CIT Application No. (CRM) – Application No. (TRIM)

Subjects identified for Skills Recognition

RPL Team Only	TRIM Number:	<input type="text"/>	Staff Member:	<input type="text"/>
	TRIM Verified Date:	<input type="text"/>	Staff Member:	<input type="text"/>

Program/Course Code Program/Course Title

All information is protected against unauthorised disclosure under the *Information Privacy Act 2014*.

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)	Date dd/mm/yy	Assessor Name and Signature	Office Use Only FEES:
EXAMPLE: CIT SUBJECT Develop keyboard skills			WORD103	BSBITU102A	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Is there any potential conflict of interest?	Yes / No
1. CIT SUBJECT APPLICANT TO FILL IN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							<input type="text"/>	<input type="text"/>	Assessor Signature	
2. CIT SUBJECT APPLICANT TO FILL IN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							<input type="text"/>	<input type="text"/>	Assessor Signature	
3. CIT SUBJECT APPLICANT TO FILL IN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							<input type="text"/>	<input type="text"/>	Assessor Signature	
4. CIT SUBJECT APPLICANT TO FILL IN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							<input type="text"/>	<input type="text"/>	Assessor Signature	
5. CIT SUBJECT APPLICANT TO FILL IN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Assessor Name	
EVIDENCE ASSESSOR TO FILL IN							<input type="text"/>	<input type="text"/>	Assessor Signature	

Additional subjects continue overleaf

Decision Code Legend: FORMAL STUDY CREDIT: CT – Credit Transfer Granted

NA – Not Approved

OR RPL ONLY:

RG – Recognition Granted

NG – Recognition Not Granted

Head of Department's signature:

Name Student ID CIT Application No. (CRM) –

Subjects identified for Skills Recognition - continued

All information is protected against unauthorised disclosure under the Information Privacy Act 2014.

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)	Date dd/mm/yy	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"/>		Assessor Name		
EVIDENCE ASSESSOR TO FILL IN								Assessor Signature		
7. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Assessor Name		
EVIDENCE ASSESSOR TO FILL IN								Assessor Signature		
8. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Assessor Name		
EVIDENCE ASSESSOR TO FILL IN								Assessor Signature		
9. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Assessor Name		
EVIDENCE ASSESSOR TO FILL IN								Assessor Signature		
10. CIT SUBJECT APPLICANT TO FILL IN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		Assessor Name		
EVIDENCE ASSESSOR TO FILL IN								Assessor Signature		

Office Use Only

HEAD OF DEPARTMENT'S APPROVAL ☐ Evidence Attached Head of Department's Name: Signature: Date: **COMMERCIAL PROGRAM**

DIRECTOR'S APPROVAL ☐ Waive Fees Director's Name: Signature: Date: ☐

Directors signature required where fees are to be waived.

☐ **Application Cancelled.** Evidence is attached (example: email correspondence or contact sheet)

Decision Code Legend: **FORMAL STUDY CREDIT:** CT – Credit Transfer Granted

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OR RPL ONLY:

RG – Recognition Granted

NG – Recognition Not Granted

Office Use Only

Decision entered on Banner by

Date