CIT
Canberra Institute
of Technology

Skills Recognition Request for Recognition of Prior Learning (RPL) Application Form

Student Checklist and Receipt

It is important to retain this page for your records. You will need to quote your application number when making any inquiries regarding your application.

What is Skills Recognition via RPL?

CIT's RPL is a process that assesses your competency and determines if you meet the requirements for a unit or units of competency in order to gain recognition towards a nationally recognised qualification.

RPL uses evidence, acquired through work and life experiences, to assess your skills and fast track you towards completing a qualification earlier.

Step 1: Identify the course/program for RPL

- refer to cit.edu.au/courses
- call (02) 6207 3188 if you are unsure and ask to talk to a CIT Career Advisor.

Step 2: Identify units/subjects for chosen course/program

- contact the teaching area for the course/program for which you are seeking RPL to discuss and identify the appropriate units/subjects for your application (this may involve a self-assessment process to highlight suitable subjects for your application).

Step 3: Complete this form

- fill in the required information on pages 1 & 2, except the areas marked ADMINISTRATION USE ONLY
  (**Please Note:** this document is an editable PDF that can be completed electronically)
- ensure you keep a copy of this document and all supporting documentation.

Step 4: Submit your form to CIT Student Services in person or via email at infoline@cit.edu.au

- provide your CIT number or three forms of ID including residency status (international/domestic student) when submitting application form.
  (**Please Note:** submissions made by email will be accepted as your agreement to pay the costs associated with this application)

What Next?

- you will be allocated an application number and an invoice will be issued
- pay Skills Recognition fees - the Skills Recognition application process will commence upon payment
- a subject specialist will contact you to organise a follow up consultation and to request further information or evidence regarding your work/life experience
- if requested, you have two weeks to provide further information/evidence in support of your application or it may be cancelled. Please note, fees are non-refundable.

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. All fees related to a cancelled application will be reversed and the application will not be returned. For all enquiries, please call (02) 6207 3188.
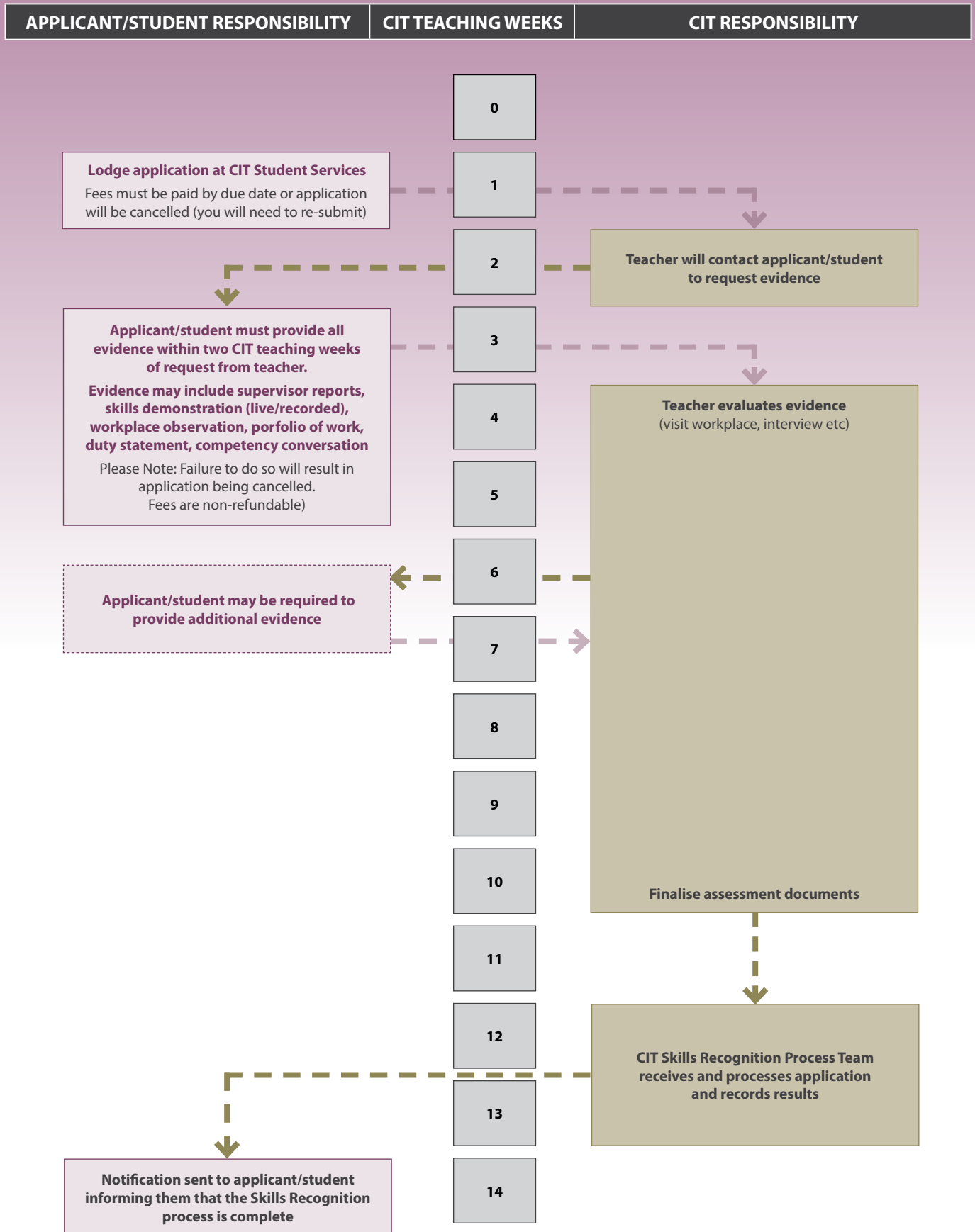
(Please Note: If you are lodging this PDF via email, your submission will be accepted as your electronic signature. If you are submitting this form in person, you will receive an email asking you to agree to the associated fees).

ADMINISTRATION USE ONLY	Application No. (CRM)	—

Skills Recognition Request for RPL
TIMELINE AND RESPONSIBILITY CHART

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APPLICANT/STUDENT RESPONSIBILITY	CIT TEACHING WEEKS	CIT RESPONSIBILITY

0

Lodge application at CIT Student Services
Fees must be paid by due date or application will be cancelled (you will need to re-submit)

1

2

Teacher will contact applicant/student to request evidence

Applicant/student must provide all evidence within two CIT teaching weeks of request from teacher.

Evidence may include supervisor reports, skills demonstration (live/recorded), workplace observation, porfolio of work, duty statement, competency conversation

Please Note: Failure to do so will result in application being cancelled.
Fees are non-refundable)

3

4

Teacher evaluates evidence
(visit workplace, interview etc)

5

6

Applicant/student may be required to provide additional evidence

7

8

9

10

11

Finalise assessment documents

12

CIT Skills Recognition Process Team receives and processes application and records results

13

Notification sent to applicant/student informing them that the Skills Recognition process is complete

14

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Skills Recognition Request for RPL
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 NCVER where necessary or required by law.

USE BLOCK LETTERS - THE FOLLOWING SECTION IS COMPULSORY (fill in all the boxes)

Family Name: Student ID:

Given Name(s):   USI Number:

Date of Birth:

RESIDENTIAL ADDRESS:

Street: Mobile Number:

Suburb: Home Phone:

State: Postcode: Work Phone:

MAILING ADDRESS: (if different from residential address)   Emergency Name:

Street: Emergency Number:

Suburb:

State: Postcode:

Email:

Course/Program Code: **Course/Program Title:**

Are you an international student?   Yes   No

If you answered Yes:

Pastoral Care Officer Name: Pastoral Care Officer Signature: Date:

CURRENT EMPLOYMENT

Are you currently employed?   Yes   No

If you answered Yes:

In which occupation are you currently employed?

Are you CIT staff member?   Yes   No

If you answered Yes:

Which section of CIT do you work in?

| **ADMINISTRATION USE ONLY** | Application No. (CRM) | — |

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Skills Recognition Request for RPL
RPL SUBJECT LIST

Name: Student ID:

Course/Program Code: Course/Program Title:

CIT subjects applicant/student would like assessed for RPL:

	CIT Subject Title	CIT Subject Code	National Competency ID	ADMIN USE ONLY (FEES)
1	Develop keyboard skills (EXAMPLE ONLY)	WORD103	BSBITU102A	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Acknowledgement

I (print name)   acknowledge that all evidence provided is my own work and where

applicable, give CIT permission to contact any educational organisation to verify my qualification results.

I acknowledge that this Skills Recognition application does not automatically guarantee me a place in the delivery pathway of the course/program. To enter the delivery pathway of this course/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; additionally I am required to provide any requested evidence within fourteen (14) days. Failure to do so will result in the cancellation of my application.
Please Note: Fees are non-refundable.

I will be applying for a VET Student Loan to cover the cost of this application (eligibility requirements apply).

Date Submitted:

ADMINISTRATION USE ONLY

Application No. (CRM)   ——

Fee exemption: Yes   No   Commercial Program: Yes   No

Please specify: If Yes, please select how the student will be invoiced:

Total fees: Concession: Student Type: C   U

Invoice due date: Paid: Date paid:

Personal details checked by: Date:

Skills Recognition Request for RPL
APPLICANT'S EVIDENCE

CIT units/subjects to be assessed for applicant: (**CIT Staff Only** - Please use the "Fill & Sign" functionality of Adobe Acrobat to sign this document ONLY when you have completed filling it in)

Name: Student ID: Application No. (CRM):   —   Application No. (TRIM):

Course/Program Code: Course/Program Title:

NB: Information collected on this application will only be used to assess this Skills Recognition application. All information is protected against unauthorised discloure under the **Information Privacy Act 2014.**

EXAMPLE ONLY

CIT Subject Title		CIT Subject Code	National Competency ID	Decision Code		Date (dd/mm/yy)	Assessor Name/Signature
1. CIT Subject	Develop keyboard skills	WORD103	BSBITU102A	**RG**	**NG**	07/04/20	Name: Joe Bloggs
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other: Third Party Evidence	**Location of Evidence** TRIM: SS20/12345645 eLearn: CRN123456 Attached: Other: In student folder held by department					Signature: *Joe Bloggs*

CIT Subject Title		CIT Subject Code	National Competency ID	Decision Code		Date (dd/mm/yy)	Assessor Name/Signature
1. CIT Subject				**RG**	**NG**		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:
2. CIT Subject				**RG**	**NG**		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:
3. CIT Subject				**RG**	**NG**		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:

Decision Code Legend: RG - Recognition Granted   **NG** - Recognition Not Granted

Head of Department Name: Head of Department Signature: Date:

Skills Recognition Request for RPL

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Name: Student ID: Application No. (CRM):   ___

CIT Subject Title		CIT Subject Code	National Competency ID	Decision Code		Date (dd/mm/yy)	Assessor Name/Signature
4. CIT Subject				RG	NG		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:
5. CIT Subject				RG	NG		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:
6. CIT Subject				RG	NG		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:
7. CIT Subject				RG	NG		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:
8. CIT Subject				RG	NG		Name:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					Signature:

Decision Code Legend: RG - Recognition Granted   **NG** - Recognition Not Granted

Head of Department Name: _____   Head of Department Signature: _____   Date:

Skills Recognition Request for RPL continued

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Name: Student ID: Application No. (CRM):   ___

CIT Subject Title		CIT Subject Code	National Competency ID	Decision Code		Date (dd/mm/yy)	Assessor Name/Signature
9. CIT Subject				RG	NG		Name: Signature:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					
10. CIT Subject				RG	NG		Name: Signature:
Evidence	**Type of Evidence** Practical: Interview: Previous training: Portfolio: Documents: Other:	**Location of Evidence** TRIM: eLearn: Attached: Other:					

Decision Code Legend: RG - Recognition Granted   **NG** - Recognition Not Granted

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OFFICE USE ONLY

Commercial Program: ☐   Application Cancelled: ☐   Reason for Cancellation: _____

HEAD OF DEPARTMENT APPROVAL AND EVIDENCE CONFIRMED

Name: _____   Signature: _____

Date: _____

DIRECTOR'S APPROVAL TO WAIVE FEES*

Name: _____   Signature: _____

Date: _____

*Director's signature required where fees are to be waived.

Decision entered on Banner by: _____   Date: _____

OFFICE USE ONLY	Grade entry verified by: _____ Date: _____

RPL TEAM ONLY	TRIM Number: _____ Staff Name: _____ TRIM Verified Date: _____ Staff Name: _____