

APPLICATION FORM FOR RPL

A. STUDENT DETAILS	
Student ID (If known):	
Student Full name:	
Date of Birth:	
Contact Phone:	
Email ID:	
Course Code:	
Course Name:	

B. RPL SOUGHT	
Qualification/Course Code:	
Qualification/Course Name:	

Please list below the competency units you are applying for 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

I declare that the information and documentation given is true and accurate and I have not wilfully suppressed any information.

I understand that if there are any changes to the information provided by me in this form, I would notify ASOC staff immediately and, in the event, that I fail to do so. I may be liable for any additional costs incurred.

M.S Aviation Pty Ltd T/A Australian School of Commerce
RTO NO. 41089 CRICOS NO.: 03489A
Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia
Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia
Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au
ABN: 80 614 287 179



Signature of the Student:	Date:
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Once complete, send this form to info@asoc.edu.au. It will be forwarded to the Training Manager or representative for assessment.

For Office use only				
Red	ceived by:	Signature:		Date:
0	Documents Verified			
0	Processed			
0	Pending			
0	Contact sheet updated			
0	Others			
Dat	e:			

D. EVIDENCE

Please attach evidence for each unit to support your application. This could include:

- O Certificates/Statement of Results/ Attainment
- O Reference which can be contacted
- O Subject Outline Including Performance Criteria
- O Examples of relevant work samples/Portfolio
- O Personal Resume
- O 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:

E. RPL UNIT ASSESS	MENT RECORD
Student Full Name:	
Unit Code:	
Unit Name:	

Critical Aspects of Assessment				
Elements of Competency and Performance Criteria	Evidence Submit	tted	Competent (Yes/No)	Comment
Element 1				
Element 2				
Element 3				
Element 4				
Element 5				
Element 6				
RPL RESULT:	Granted	Not gran	ted	
Feedback Given:	□ Yes	🗆 No		

ssessor Comments:	
sessor Name:	
sessor Signature	
ate:	
CCEPTANCE BY THE STUDENT	
CCEPTANCE DT THE STUDENT	

Hobart Campus: Level 4, Ph: 1300 781 194 E: Inf ABN: 80 614 287 179	5 NO.: 03489A el 4, 123-129 Lonsdale , 18 Elizabeth Street, Ho <u>o@asoc.edu.au</u> I W: <u>wy</u>	Street Melbourne, Victoria 3000 Australia obart Tasmania 7000 Australia		Australian School of Commerce
		hade to my application for KFL.		
Signature:		Date:		
For Admin use only	¥			
Processed by:	Signature		Date:	
□ Student Notified □ SMS updated	I		t File Updated: iic File updated:	