

Division of Australian English Colleges Pty Ltd
ACN: 606 814 019 | ABN: 72 606 814 019
RTO Code: 45215 | CRICOS Provider Code: 03630A
Suite G03, Building B, 247 King Street
Mascot, Sydney NSW 2020 Australia
Tel: +61 2 9667 1458

E-mail: info@bayinternational.edu.au
Web: www.bayinternational.edu.au

RECOGNITION OF PRIOR LEARNING (RPL) APPLICATION FORM

Personal Details											
Surname:				Title: Mr/Mrs/Miss/Ms/Dr Date			Date of	birth:	/	/	
First name:				Middle i	Middle name/s:						
Home address	3:										
								Postcoo	de:		
Postal address	S: (if diffe	rent from above)									
								Postcoo	de:		
Home phone:	()					Work:	()				
Mobile:						Email:					
General Infor	mation										
1. Gender (passport)		☐ Female ☐ Mal	e □ Ind	determina	te						
2. Are you a permanent resident of Australia? ☐ Yes ☐ No											
Enrolment De	tails										
Are you enrolling in a full qualification or part qualification (i.e. individual units)?							ation	☐ Individual units			
In which qualification/units do you wish to enrol?											
RPL Unit(s)											
For which unit	(s) are	you seeking RPL?									
Further Training											
Have you und recognition?	ertaker	any full qualification	ns related	d to the o	ccupatior	of which	you are	seeking	□ Yes	s □ No	I
If yes, training	comple	etion date (month, ye	ar):				Country:				
Name of cours	se and i	nstitution (if applicab	le):								
Current Empl	oymen	t									
1. Are you c	urrently	employed:	es 🗆 No)							
If yes, is your main occupation related to the qualification in which you are seeking RPL?											
What is the name of your employer?											
-	2. If no to question 1 above, do you have a workplace where you will be able to be assessed on the job for the qualification in which you are seeking RPL? ☐ Yes ☐ No							1			
Please provide details of the workplace.											

Previous Employment His	t ory (attach	additional	sheet if require	ed, or attach CV v	with these	details inclu	ded)	
Name, address and phone	employn (DD/MM	Period of employment (DD/MM/YYYY)			FT/			
numbers of employers	From	То	Position hel	PT/Cas	Description	n of major duties		
1.								
2.								
3.								
4.								
Professional Referees (wh	o have acte	ed in senic	or capacity to	you and can ver	ify your s	kills)		
1. Name								
Position:				Organisation:				
Relationship to you:								
Phone number:				Mobile:				
Email address:								
2. Name					•			
Position:				Organisation:				
Relationship to you:								
Phone number:				Mobile:				
Email address:								
3. Name				1				
Position:				Organisation:				
Relationship to you:								
Phone number:				Mobile:				
Email address:								
Evidence for RPL Applicat	ion (you are	e required t	to include evide	ence to support y	our RPL a	pplication)		
Document description							Included?	
Your current and detailed C	Your current and detailed CV							
Copies of Certificates of any formal and/or informal training you have participated in.								
Current and previous (within the last 5 years) position descriptions and performance reviews (if available).						views (if		
Copies of qualifications you have completed.								
Any letters of support from employers or industry contacts (if available).								
Contact details of at least 2 professional referees who have acted in a senior capacity to you in the workplace and who can verify your competency (as above).						u in the		
Qualification Summary								
Self-Assessment Checklists							For how many units?	
Declaration								
I declare that the information	contained i	n this appli	ication is true a	and correct and th	nat all doci	uments are	genuine.	
Candidate signature: Date:						Date:	/ /	

Printed name:			
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Please return your RPL application and supporting documents in one of the following ways:

In person: Bayside International College, Suite G03, Building B, 247 King Street, Mascot NSW 2020 Australia

By postal mail: Bayside International College, PO Box 7340, Alexandria NSW 2015 Australia

By e-mail: info@bayinternational.edu.au