# APPLICATION FOR CREDIT TRANSFER

**THIS FORM IS MANDATORY FOR ALL CREDIT TRANSFER APPLICATIONS.**
**PLEASE READ CAREFULLY AND COMPLETE IN FULL.**

**Instructions:**

In line with our regulatory guidelines, InterCare will accept the credentials issued by another RTO. The credential may be a Statement of Attainment for specific modules or units of competency, or it may be a complete qualification.

A Credit Transfer applies where the unit code is identical or equivalent to the unit being credited.
Please allow 5 – 10 business days for your request to be processed. You will be notified via email/phone of the outcome of your application and further steps (where applicable).

At the time of application, you must either:

(a) be enrolled with InterCare Training OR
(b) submit this form along with your Pre-Training Review and Enrolment form.

You need to complete Sections A, B and C in full, and submit the required evidence of your studies, in order for the Application to be processed.

Please email the completed form to online@intercaretraining.com.au

## SECTION A: STUDENT DETAILS

| | | | |
|---|---|---|---|
| **Student Name:** | | | |
| **Student ID (If known):** | | | |
| **State** | | | |
| **Qualification / Course Code and Title:** | | | |
| **I am applying for:** | ☐ Credit Transfer (CT) | | |
| **Student Signature** | | **Date** | |

## SECTION B1: APPLICATION FOR CREDIT TRANSFER

Credit Transfer recognises your previously **completed** studies, which may allow for entry into a qualification and/or provide credit towards the qualification.

You will need to submit the following documents with this application:

☐ A certified copy of your Statement of Attainment OR

☐ An electronic copy of your USI Transcript OR

☐ An electronic copy of your Transcript (Certificate or Statement of Attainment)

## SECTION B2: CONSENT TO VERIFY ACADEMIC QUALIFICATION

It is a regulatory requirement to verify the above-mentioned transcript with the issuing Education Institution (RTO or University). Kindly provide us with your consent to contact them, by completing this section below:

**I, _____, hereby consent to Integrated Training Solutions Pty Ltd (Aust) T/A InterCare Training to use my personal details to conduct or procure the conduct of a Qualification Check for Credit Transfer.**

| | |
|---|---|
| **Given Name** | |
| **Middle Name** | |
| **Family Name** | |
| **Birth date (DD/MM/YYYY)** | |
| **Gender** | ☐ Male ☐ Female<br>☐ Indeterminate ☐ Not specified |
| **Issuing RTO / University Name** | |
| **Issuing RTO / University contact Number** | |
| **Name of Qualification or Course** | |
| **Graduation date / Issuance of Testamur date** | |
| **Your full name as shown on the Testamur** | |
| **Student ID (if applicable)** | |
| **Signature** | |
| **Date** | |

## SECTION C: UNIT(S) OF COMPETENCY YOU ARE APPLYING CREDIT TRANSFER (CT)

| *STUDENT TO COMPLETE* | | | *FOR OFFICE USE ONLY:* | | |
|---|---|---|---|---|---|
| **No.** | **Unit Code** | **Unit title** | **Supporting Evidence** | **CT Granted** | |
| *EXAMPLE:* | *HLTAID011* | *Apply First Aid* | *Current Statement of Attainment* | ☒ Yes | ☒ No |
| **1** | | | | ☐ Yes | ☐ No |
| **2** | | | | ☐ Yes | ☐ No |
| **3** | | | | ☐ Yes | ☐ No |
| **4** | | | | ☐ Yes | ☐ No |
| **5** | | | | ☐ Yes | ☐ No |
| **6** | | | | ☐ Yes | ☐ No |
| **7** | | | | ☐ Yes | ☐ No |
| **8** | | | | ☐ Yes | ☐ No |
| **9** | | | | ☐ Yes | ☐ No |
| **10** | | | | ☐ Yes | ☐ No |

## FOR OFFICE USE ONLY:

**Verification of Statement of Attainment (SOA) (if applicable)**

It is necessary to verify that a student has provided a genuine credential. This can be confirmed using any one of the following methods Please indicate which one was used:

☐ Request a USI Transcript from the student – attach the transcript to this application and upload to VT docs

☐ QLD – use DETConnect to check training records – save and attach the report to this application and upload to VT docs.

☐ Receive a certified copy of the SOA and contact the issuing RTO requesting validation of SOA – attach the response to this application and upload to VT docs.

☐ Where a certificate has a QR code, scan the code to validate the certificate. Take a photo of the validation and upload it to VT docs together with this application.

**Verified By:**

☐ Administration Team during enrolment

☐ Training Team for application after commencement

## APPROVAL (BY MANAGER)

**Application Review Outcome:**

☐ Approved:

- The current unit(s) of competency of the qualification is the same as the unit(s) listed above.
- The unit of competency is superseded, and it is equivalent. I have compared and established the equivalency.

☐ Not Approved:

- The unit(s) of competency is non-equivalent. No further evidence is required.

| | | | |
|---|---|---|---|
| **Additional Comments:** | | | |
| **Approved by:** | ☐ National RTO Services Manager<br>☐ National Training Manager, OR<br>☐ Compliance Manager | | |
| ☐ I have communicated the outcome to the student and have advised them of the next steps.<br>☐ I have communicated the outcome to the administration team for recording purposed.<br>☐ I have saved the evidence on VT docs (this document, the certificate and the verification where applicable) | | | |
| **Signature:** | | **Date:** | |