

APPLICATION FOR PRE-REQUISITE APPROVAL

**THIS FORM IS MANDATORY FOR ALL PRE-REQUISITE APPROVAL 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.

These documents may be used to support an application for Credit Transfer or to provide evidence of prior study to meet pre-requisite requirements for a new course.

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:	<input type="checkbox"/> A pre-requisite requirement for a new enrolment <input type="checkbox"/> Other (please specify) _____		
Student Signature		Date	

SECTION B1: APPLICATION FOR PRE-REQUISITE ENTRY

This section is used to confirm **prior study** that meets the required pre-requisites 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.

Your full name as shown on the Testamur				
Birth date (DD/MM/YYYY)				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Not specified
Issuing RTO / University Name				
Issuing RTO / University contact Number				
Name of Qualification or Course				
Graduation date / Issuance of Testamur date				
Student ID (if applicable)				
Signature				
Date				

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:	<input type="checkbox"/> National RTO Services Manager <input type="checkbox"/> National Training Manager, OR <input type="checkbox"/> Compliance Manager		
<input type="checkbox"/> I have communicated the outcome to the student and have advised them of the next steps. <input type="checkbox"/> I have communicated the outcome to the administration team for recording purposes. <input type="checkbox"/> I have saved the evidence on VT docs (this document, the certificate and the verification where applicable)			
Signature:		Date:	