

Family Name:	Given Name/s:
Student ID:	Date of Birth:(dd/mm/yyyy) / /
Course:	Email Address:
Postal address:	Town: Post Code:
Telephone:	Mobile:
Submission Date:	

Which course or units are you seeking credit transfer for:

Qualification Code:..... Qualification Title:.....

List the units you are applying for Credit Transfer for in the table below:

Unit Code	Unit Title

Evidence/Supporting Documents Attached (Testamurs)	Tick below
Certificate:	
Statement of Attainment:	
Other:	

DECLARATION

1. I declare that the information provided by me on this form is to the best of my knowledge true and correct
2. I acknowledge that I have read and understood the Credit Transfer Policy and agree to abide by the policy
3. I also understand and agree and consent that my personal information may be made available to Commonwealth and State agencies or their successors in connection with Australian Agricultural Training Pty Ltd registration and/or compliance audits as required by legislation
4. I hereby declare that all details in this application are true and accurate
5. I understand that incomplete documentary evidence will not be processed
6. I do hereby certify that this application has been completed by me personally

Applicant Name: _____

Applicant Signature: _____

Date: ____ / ____ / _____

IMPORTANT

Please ensure you have attached all documentation in support of your application. If the evidence is incomplete or not compliant you will be advised by the training manager. The training manager will review your application and contact you with written advice of the outcome.

Office Use Only:

Date application received:	
Supporting evidence was supplied:	Yes No
Units Approved:	Yes No
Unit Code: Approved	
Unit Code: Not approved Reason:	
Training Manager Signature:	Date:

Please return completed form and associated documents to:

Training Manager

Australian Agricultural Training

15 Colony Crescent

Dubbo 2830