

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

CURRENT EMPLOYMENT DETAILS:		
Employer	Address	P/code .....
Contact	Position	
Telephone	Email	

*Please answer the following questions to allow an accurate decision to be made*

### EDUCATION/TRAINING COMPLETED

COURSE/EDUCATION (Certificate/Diploma/Degree)	ORGANISATION (TAFE/University/Private Provider)	COMPLETION DATE

*Please attach the original statement of attainment and/or certificates for courses listed*

**EMPLOYMENT HISTORY**

<b>NAME OF COMPANY EMPLOYER</b>	<b>POSITION</b>	<b>EMPLOYMENT DURATION</b> (ie: List Dates from and until)

<b>Units Requested for RPL</b>	
<b>Unit Code</b>	<b>Unit Title</b>

## Supporting and Additional Evidence Below

EVIDENCE/SUPPORTING DOCUMENTS ATTACHED	Tick below
Resume/Curriculum Vitae	
Statement Transcript of qualifications / units completed (Original req)	
Attendance evidence of workshops, seminars, in house training etc	
Industry awards	
Volunteer Work	
Membership of relevant professional associations	
Training sessions developed and/or delivered	
Learning and assessment strategies – developed and/or delivered	
Learning resources developed (including electronic forms: videos, MP4s, DVDs...)	
Evidence of participation in validation	
Evidence of Industry engagement	
Quality system documents	
Audit reports and documents	
Marketing information	
Evidence of team leadership	
Diaries/task sheets/job sheets/log books	
Feedback forms and comments	
Other:	

I hereby declare that all details in this application are true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application

**IMPORTANT**

**Please ensure you have attached all transcripts/course certificates undertaken and details of work duties etc to support your application.**

**The Training Manager will be in contact and will forward trainee/student written advice of the assessment outcome in due course.**

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:

Please return completed form and associated documents to:

Training Manager  
Australian Agricultural Training  
15 Colony Crescent  
Dubbo 2830