

RPL Application Form														
Section 1 – Client Deta	nils													
Client Name:								Date:			/	/		
Contact Tel:								Mobile:						
Address:														
Email:														
Qualification / Course:														
Section 2 – Application	n and De	claration												
Client :														
I wish to apply for Recognition of Prior of Learning for the units of competency/modules listed below.														
I have attached original copies of certificates I have achieved previously from other courses and training providers.														
I declare that certification documentation supplied is legitimate, true and correct.														
I understand that the Assessor will verify my certification documentation for validity.														
I agree to pay the fee of \$ for document administration and a fee of \$ per assessment for any challenge test that is required for me to confirm my competency.														
I understand that added to any assessme			modatio	on for	r an As	ssessoi	to con	duct on site a	ssessme	ents	(if req	uire	d) will	l be
I understand that the RPL process is an assessment only process whereby I submit evidence. APEIRO INSTITUTE will count any competency achievement towards any grading in future competency based summative assessments.														
I understand that to fast track my certific		io training	g or lea	arning	guide	provid	ded to r	ne in this prod	cess and	d tha	ıt I am	usir	ng this	process
I understand that APEIRO INSTITUTE is not responsible for searching, or discovering any information or supporting evidence.														
I understand that I and I shall pay any addi	-			-		_			-		-			
I understand that I shall not be entitled to any refund of fees in the event that I do not meet the competency standards and that any further training and assessments I require shall be at my expense at the current APEIRO INSTITUTE														
rate. I have supplied a copy of my most recent CV / Resume to demonstrate my industry experience and education.														
I, pack will be provided to receive RPL for those m module.	o me for	the releva	ant unit	its of c	compe	etency,	at a br	_	lunde	rsta	nd tha	at I w	vill only	У
Client Signature:								Date:	/	,	/			
Section 3 – Workplace	Referee	s who car	n suppo	ort my	y RPL A	Applica	ation							
Referee 1 - Name and Contact Details :														
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Section 4 – Units /Modules Outcome												
Hait Codo	I I mit	NI			Assessor Only							
Unit Code	Unit	Name			Evidence supplied	Evidence Verified	Progress to RPL Pack	Assessor Initial				
Section 5 – Assesso	or Endo	rsement										
I declare that the may progress throu				icient evidence an I units/modules.	d/or docume	ntation to w	arrant that t	he client				
Assessor Signature	Date:	/	/									
Admin Use Only												
SMS Updated :		Yes	□ No	Date:	/		tial:					
Client file updated	1:	Yes	□ No	Date:	/	/ Init	tial:					