

NURSES AROUND THE CLOCK PTY. LTD.

RTO 90973

CREDIT TRANSFER APPLICATION

Personal Details

Title: _____ Given Name : _____ Surname: _____

Current address: _____

Suburb: _____ Postcode: _____ State: _____

Home Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Course Name: _____ Course Code: _____

Credit Transfer Application

Credit transfer applies to situations where students have completed units identical to the course they are currently enrolled in, at another Registered Training Organisation (RTO). Credit will be granted in accordance with the requirements of Standard 1 - Element 1.5 of the AQTF 2010.

Name of prior Registered Training Organization: _____

Name of Qualification completed: _____

(Attach a certified photocopy of the relevant qualification or statement of attainment)

Privacy Statement

Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the Australian Quality Training Framework administered in New South Wales by the Vocational Education Training Accreditation Board (the registering authority). In the event of an audit the registering authority may require the release of your personal information.

Under the National Privacy Principles you can access your personal information and you may request to correct or update your personal information if necessary.

Student Signature: _____ Date: _____