

NURSES AROUND THE CLOCK PTY. LTD.

RTO 90973

Application for Recognition of Prior Learning

I hereby apply under the provisions of the Australian Quality Training Framework for the knowledge and skills I have previously acquired to be assessed and the current competencies to be granted to me in connection with the Qualification

.....
(Insert details of the Qualification for which Recognition is sought)

I acknowledge and accept the arrangements for the RPL assessment as outlined in the Recognition of Prior Learning Information Kit

Applicants Signature: Date:

Applicant's Details

Surname _____

Given Names _____

Address _____

State _____ Postcode _____ Male Female

Tel (H) _____ Tel (W) _____

Mob _____ Fax _____

Email _____

I request an interview to consider my Application Yes No

Payment Details

Amount \$ _____

Cash Cheque Money Order Bankcard MasterCard Visa

Card Number: Expiry Date: /

Name of Card _____