



IMAGINE EDUCATION AUSTRALIA

ELICOS CENTRE

13 Benowa Road Southport

Postal: PO Box 4931, Bundall, Qld 4217 E-mail: info@imagineeducation.com.au

ABN: 27 620 585 615

Phone: +61 7 5552 0900

RPL Assessor Kit

RECOGNITION –RPL APPLICATION FORM

1. Recognition Area		
Course applying for recognition?		
2. Personal Details		
(Mr, Mrs, Ms, Miss) First Name/s and Surname		
Email Address		
Gender MALE <input type="checkbox"/> / FEMALE <input type="checkbox"/>	Are you a permanent Resident of Australia? YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Date of Birth	/ /	Age
Student Number:		Is the Student SVP? Yes / No (Please Circle)
Are you a currently studying at Imagine Education Australia?		<input type="checkbox"/> NO <input type="checkbox"/> YES → Go to Question No. 3
Local Address Street Suburb		
Postal address if different from above		
Telephone Numbers		Home:
		Work:
		Mobile:
		Fax:
3. Current Employment		
Are you currently employed?		YES <input type="checkbox"/> / NO <input type="checkbox"/>
If Yes, in which occupation are you currently employed?	
Who is your current employer?	
4. Employment History and Training History		

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CRICOS Provider No: 02695C
National Provider Number 31302

20/06/2019 Version 3



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What is your role within your organisation?	
What information do you think you need to learn for your role in your organisation?	
Do you work alone or part of a team?	
What level of responsibility do you have in your organisation?	
What problems in your organisation are you responsible for solving?	
What decisions within your organisation do you need to make?	
What legislative requirements are you required to follow in your role?	
What organisational requirements i.e. policies, procedures, codes of practice are you required to follow in your role?	
Have you undertaken any training courses related to the occupation applied for?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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If Yes	
What occupation were you trained in?	
Training completion Date (month, year)	
Country where you trained	
Name of course and institution (if applicable)	
5. Is there any further information you wish to give in support of your application	
6. Professional Referees (relevant to work situation)	
Name
Position
Organisation
Phone Number
Mobile Number
Email Address
Name
Position
Organisation
Phone Number
Mobile Number
Email Address

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APPLICANT EMPLOYMENT HISTORY FORM

Name, Address and Phone number of Employers	Period of Employment (DD/MM/YYYY)		Position Held	Full Time Part- time Casual	Description of Major Duties
	From	To			
1.					
2.					
3.					

***Attach additional sheet if required**

Documented Evidence

If you are including documents in your application, please provide a brief description below.

If you have an Australian Qualification or Statement of Attainment, please attach a verified copy.

Document Description (e.g. Qualifications, Statement of Attainment, Resume, Photos, Awards, Certificates etc)	Office Use Only – Assessor to use this section to align documents to specific units of competency and identify key questions for competency conversation
Received by? Date received?	
Application approved by:	
Application declined:	
Evidence provided:	
Student advised:	

Declaration

I declare that the information contained in this application is true and correct and that all documents are genuine.

Candidate Signature: _____ Date _____

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