

## CREDIT TRANSFER FORM

| <b>STUDENT NAME:</b>   |            |                     |                          |                          |
|--|------------|---------------------|--------------------------|--------------------------|
| <b>QUALIFICATION CODE &amp; TITLE:</b>   |            |                     |                          |                          |
| <p>In line with our regulatory guidelines, InterCare will accept the credentials issued by another RTO. The credential may be a Statement of Attainment for specific modules or units of competency or it may be a complete qualification. A Credit Transfer applies where the unit code is identical or equivalent to the unit being credited.</p> <p>When applying for a Credit Transfer the student must produce the original Statement of Attainment which includes the competencies attained with unit code and title. InterCare will retain a copy of this document for its records.</p> |            |                     |                          |                          |
| <b>COMPLETE THE FOLLOWING DETAILS OF YOUR CREDIT TRANSFER REQUEST.</b>   |            |                     |                          |                          |
| UNIT CODE  | UNIT TITLE | OFFICE USE ONLY     |                          |                          |
|  |            | SUPPORTING EVIDENCE | CREDIT TRANSFER GRANTED  |                          |
|  |            |                     |                          | YES                      |
|  |            |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  |            |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  |            |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  |            |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  |            |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  |            |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>RTO REPRESENTATIVE NAME:</b>  |            |                     |                          |                          |
| <b>RTO REPRESENTATIVE SIGNATURE:</b>   |            |                     |                          |                          |
| <b>DATE:</b>   |            |                     |                          |                          |

**NOTE: THE COMPLETED DOCUMENT MUST BE PLACED IN THE STUDENT'S FILE.**

**9 INTERNAL REFERENCE NUMBER**

ITSF1.86

Training & Assessment Policies & Procedures | Q2 2016 Version 1.0 | Revision Date:

31/5/2016

Once PRINTED, this is an UNCONTROLLED DOCUMENT.

Refer to Policy Portal for latest version ITS (AUS) Pty Ltd

