

Instructions

- Identify (by ticking) the unit of competency you wish to apply for course credit.
- Submit your application form with original/certified supporting documents to Business Development/Training Coordinator (where relevant).
- This completed form is forwarded to the Academic Officer who will contact you to discuss your application, the process for gathering evidence and complete an Assessment Plan with you.
- Assessment fee applies once RPL/RCC is granted. The failure in payment will be deemed as unsuccessful in RPL/RCC.

Glossary

- RPL (Recognition of Prior Learning)** - The acknowledgement of a person's skills and knowledge acquired through previous training, work or life experience, which may be used to grant status or credit in a subject or module. It can lead to a full qualification in the VET sector.
- RCC (Recognition of Current Competencies)** - The assessment of a person's current capacity to perform; it applies if an individual has previously successfully completed the requirements for a unit of competency or a module and is now required to be reassessed to ensure that the competence is being maintained.
- CT (Credit Transfer)** - The granting of status or credit by an institution or training organisation to students for modules (subjects) or units of competency completed at the same or another institution or training organisation.

Section 1 – Student to Complete

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| First Name | | Last Name | |
| Contact Number | | Email | |

*For current students only

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|-------------------------|--|-----------------|--|
| *Student Number | | *College | |
| *Course enrolled | | | |

Note: Please identify (by ticking) the unit of competency you wish to apply for course credit

HLT33115 Certificate III in Health Services Assistance

| Subject | Unit Code | Unit Title | Tick | Office Use Only |
|-----------------------|-----------|---|------|-----------------|
| The Human Body | HLTAAP001 | Recognise healthy body systems | | |
| | BSBMED301 | Interpret and apply medical terminology appropriately | | |
| Safety in Health Care | HLTAID003 | Provide first aid | | |
| | HLTINF001 | Comply with infection control policies and procedures | | |
| | HLTWHS001 | Participate in work health and safety | | |
| Basic Care | CHCCCS012 | Prepare and maintain beds | | |
| | CHCCCS002 | Assist with client movement | | |
| | CHCCCS026 | Transport clients | | |
| | CHCCOM005 | Communicate and work effectively in health | | |
| Working with Others | | | | |

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| | BSBWOR301 | Organise personal work priorities and development | | |
| | CHCDIV001 | Work with diverse people | | |
| | CHCCCS020 | Respond effectively to behaviours of concern | | |
| | CHCCCS010 | Maintain high standard of service | | |
| Acute Care | HLTAIN001 | Assist with nursing care in an acute care environment | | |
| | HLTAIN002 | Provide non-client contact support in an acute care environment | | |
| HLT54115 Diploma of Nursing | | | | |
| Nursing Safety | HLTWHS002 | Follow safe work practices for direct client care | | |
| | HLTINF001 | Comply with infection control policies and procedures | | |
| | CHCDIV001 | Work with diverse people | | |
| | CHCDIV002 | Promote Aboriginal and/or Torres Strait Islander cultural safety | | |
| | HLTAID003 | Provide first aid | | |
| Anatomy and Physiology | HLTAAP002 | Confirm physical health status | | |
| Nursing in Australia | HLTENN001 | Practice nursing within the Australian health care system | | |
| | CHCPRP003 | Reflect on and improve own professional practice | | |
| Nursing care 1 | HLTENN015 | Apply nursing practice in the primary health care setting | | |
| | HLTENN004 | Implement, monitor and evaluate nursing care plans | | |
| Nursing Care 2 | HLTENN003 | Perform clinical assessment and contribute to planning nursing care | | |
| | HLTENN013 | Implement and monitor care of the older person | | |
| Legal and Communication | HLTENN002 | Apply communication skills in nurse practice | | |
| | HLTENN008 | Apply legal and ethical parameters to nursing practice | | |
| Chronic Health Management | HLTENN006 | Apply principles of wound management in the clinical environment | | |
| | HLTENN012 | Implement and monitor care for a person with chronic health problems | | |
| Health and Wellbeing | HLTWHS006 | Manage personal stressors in the work environment | | |
| Medications | HLTENN007 | Administer and monitor medicines and intravenous therapy | | |
| Health Analysis | HLTAAP003 | Analyse and respond to client health information | | |
| | CHCPOL003 | Research and apply evidence to practice | | |
| Teamwork | BSBLDR403 | Lead team effectiveness | | |
| Mental Health | HLTENN009 | Implement and monitor care for a person with mental health conditions | | |
| Complex Nursing Care | HLTENN005 | Contribute to nursing care of a person with complex needs | | |
| Acute Nursing Care | HLTENN011 | Implement and monitor care of a person with complex needs | | |

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| Diabetes | HLTENN025 | Implement and monitor care for a person with diabetes | | |
| HLT64115 Advanced Diploma of Nursing | | | | |
| Advanced Client Assessment | HLTENN020 | Conduct clinical assessments | | |
| Clinical Research and Practice | HLTENN033 | Research and report on nursing trends and practice | | |
| | HLTENN034 | Contribute to the improvement of clinical practice | | |
| Palliative Care | HLTENN010 | Apply a palliative approach in nursing practice | | |
| Advanced Chronic Health Management | HLTENN018 | Apply nursing practice in the rehabilitation care setting | | |
| | HLTENN025 | Implement and monitor care for a person with diabetes | | |
| Advanced Acute Care management | HLTENN017 | Apply nursing practice in the orthopaedic care setting | | |
| | HLTENN023 | Apply nursing practice in the respiratory care setting | | |
| | HLTENN024 | Apply nursing in the cardiovascular care setting | | |

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| Support evidence: <input type="checkbox"/> Certificate <input type="checkbox"/> Transcript <input type="checkbox"/> Others: _____ |
| Student Declaration: I wish to apply for Course Credit in the above mentioned course or units and certify that the information supplied by me including any original/certified supporting documents is to the best of my knowledge and true and accurate. I understand that once course credit has been granted, the duration of my course may be shortened, hence a new eCOE will be issued and I will be responsible to advise the Immigration Department for any new changes to my course duration. |
| Signature of Student _____ Date _____ |

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| Office Use Only | |
| Section 2 – Business Development /Training Coordinator | |
| To be completed BEFORE Academic Officer assessed application: | |
| Received and Checked by: | |
| Signature: | |
| Date: | |
| Section 3 – Academic Officer to complete | |
| Type of Course Credit: <input type="checkbox"/> RPL <input type="checkbox"/> RCC <input type="checkbox"/> CT | |
| <u>GRANTED</u> | |
| Number of subjects granted _____ | Based on evidence provided by: _____ |
| Duration of Course affected: _____ | Proposed new end date: _____ |
| Direct entry granted: _____ | Assessment fees (for RPL/RCC): _____ |

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| Notes: | | | |
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| <u>REFUSED</u> | | | |
| Number of units refused: | | | |
| Reason for refusal: | | | |
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| Assessed and Approved by Lead Educator - Nursing | | | |
| Name: | | | |
| Signature: | | Date: | |

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| Section 4 – Business Development /Training Coordinator | | | |
| 4.1 Student has been contacted, informed and acknowledged the following information: | | | |
| <ul style="list-style-type: none"> ▪ The outcome of course credit application (Granted/Refused). ▪ If granted: <ul style="list-style-type: none"> – The duration of his/her course may be shortened, hence a new eCOE will be issued and he/she will be responsible to advise the Immigration Department for any new changes to his/her course duration. – Assessment fee applies once RPL/RCC is granted and the failure in payment will be deemed as unsuccessful in RPL/RCC. ▪ If refused: <ul style="list-style-type: none"> – According to National Code Standard 10, he/she reserves the right to access Skills Training Australia grievance and appeals processes within 20 days of receiving this decision to have his/her grievances heard and addressed. | | | |
| Contacted by: | | | |
| Signature: | | Date: | |
| 4.2 To be completed <u>(only if Course Credit is granted)</u> | | | |
| Fees paid? (for RPL/RCC only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| <i>(Note: For RPL/RCC, fees must be paid prior to any changes made to student's eCOE and SMS)</i> | | | |
| New eCOE created: | | | |
| <input type="checkbox"/> Yes | Created by: | Signature: | Date: |
| <input type="checkbox"/> N/A | | | |
| Updated student enrolment in SMS by: | | Signature: | Date: |