

**Credit Transfer Application  
CHC30113 Certificate III in Early Education Childhood and Care**

**Acceptable evidence**

- Certificate, Diploma or statement of attainment issued by another RTO or government regulator
- Qualification or unit/s listed on VET transcript associated with student's USI.

You must leave us with a verified copy that will not be returned to you. 'Verified' means a copy has been:

- signed by a Justice of the Peace or a Commissioner of Declarations who has sighted the original **OR**
- original document is shown to an authorised officer of this organisation who stamps and signs a copy for our records.

Name [Please print]			
Phone contact			
Email contact			
Signature		Date	

**I am enrolled in this qualification** [please print]

**I am applying for Credit Transfer for:**

Code	Title	Nominal Hours Credit Transfer	Evidence provided <input checked="" type="checkbox"/> tick relevant box
CHCDIV001	Work with diverse people	40	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety	25	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE001	Develop cultural competence	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE002	Ensure the health and safety of children	63	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE003	Provide care for children	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE004	Promote and provide healthy food and drinks	35	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE005	Provide care for babies and toddlers	60	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE006	Support behaviour of children and young people	30	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE007	Develop positive and respectful relationships with children	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE009	Use an approved learning framework to guide practice	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE010	Support the holistic development of children in early childhood	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE011	Provide experiences to support children's play and learning	40	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE013	Use information about children to inform practice	40	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHCECE020	Establish and implement plans for developing cooperative behaviour	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCLEG001	Work legally and ethically	55	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCPRT001	Identify and respond to children and young people at risk	40	<input type="checkbox"/> Yes <input type="checkbox"/> No
HLTAID004	Provide an emergency first aid response in an education and care setting	20	<input type="checkbox"/> Yes <input type="checkbox"/> No
HLTWHS001	Participate in workplace health and safety	20	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total number of credited nominal hours</b>			<b>No. units</b>
<b>Total number of nominal hours to complete ( 868 hours less CT hours)</b>			

[This completed application form and evidence must be filed on learner file, together with the USI Transcript verification. It may be scanned and held electronically.]

OFFICE USE ONLY				
<b>Credit Transfer awarded</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	<b>Reason application is unsuccessful</b>		
<b>Verification Sign-off: I confirm that I have checked and confirmed that the above information is complete and correct.</b>				
<b>Administration Officer:</b>		<b>Signature</b>		<b>Date</b>
<b>TL RTO Operations:</b>		<b>Signature:</b>		<b>Date:</b>
<b>Compliance Officer:</b>		<b>Signature:</b>		<b>Date:</b>
<b>VETtrak Administrator:</b>		<b>Signature:</b>		<b>Date:</b>