

**Credit Transfer Application
CHC30213 Certificate III in Education Support**

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
CHCECE006	Support behaviour of children and young people	30	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCDIV001	Work with diverse people	40	<input type="checkbox"/> Yes <input type="checkbox"/> No
HLTWHS001	Participate in workplace health and safety	20	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS002	Assist in implementation of planned educational programs	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
CHCEDS001	Comply with legislative, policy and industrial requirements in the education environment	35	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS003	Contribute to student education in all developmental domains	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS004	Contribute to organisation and management of classroom or centre	30	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS005	Support the development of literacy and oral language skills	55	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS006	Support the development of numeracy skills	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS007	Work effectively with students and colleagues	40	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHCEDSO15	Support development of student research skills	35	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDSO16	Support learning for students with disabilities in a classroom environment	35	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDSO17	Contribute to the health and safety of students	30	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDSO25	Facilitate learning for students with disabilities	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDSO18	Support students with additional needs in the classroom environment	30	<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
Total number of credited nominal hours			No. units
Total number of nominal hours to complete (615 hours less CT hours)			

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