

**Credit Transfer Application
CHC50113 Diploma of Early Childhood Education 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
CHCECE009	Use an approved learning framework to guide practice	70	<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
CHCECE007	Develop positive and respectful relationships with children	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE005	Provide care for babies and toddlers	60	<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
CHCLEG001	Work legally and ethically	55	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCPRP003	Reflect on and improve own professional practice	120	<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
HLTWHS003	Maintain work health and safety	40	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHCECE016	Establish and maintain a safe and healthy environment for children	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE026	Work in partnership with families to provide appropriate education and care for children	70	<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
CHCECE021	Implement strategies for the inclusion of all children	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE019	Facilitate compliance in an education and care service	120	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSBCOM406	Conduct work within a compliance framework	30	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSBCOM502	Evaluate and review compliance	25	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSBRES411	Analyse and present research information	40	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSBSUS501	Develop workplace policy and procedures for sustainability	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE025	Embed sustainable practices in service operations	60	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE023	Analyse information to inform learning	70	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE024	Design and implement the curriculum to foster children's learning and development	170	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE017	Foster the holistic development and wellbeing of the child in early childhood	240	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE022	Promote children's agency	80	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECE018	Nurture creativity in children	80	<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 (1923 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: