




If you feel you already hold the skills and knowledge required to successfully perform a unit of competency then you can apply for Recognition of Prior Learning (RPL) through this form. You will need to submit with this application your dated resume/CV, all relevant qualifications and transcripts and a current job description for an eligibility check.

If your RPL Application is approved, you will be provided with an RPL kit through which you can demonstrate your prior learning to meet the requirements of the unit(s) of competency applied for. Please note that only Australian work experience and Australian qualifications can be considered.

Students can apply for RPL after enrolment but only prior to the applicable unit commencing.

RTO: Please Tick			
<input type="checkbox"/>  <b>ECA</b> COLLEGE RTO Code: 45012 CRICOS: 02644C	<input type="checkbox"/>  <b>ACCLM</b> <small>AUSTRALASIAN COLLEGE OF CARE LEADERSHIP AND MANAGEMENT</small> RTO Code: 40829 CRICOS: 03637E	<input type="checkbox"/>  <b>ECA</b> GRADUATE INSTITUTE RTO Code: 91423	
STUDENT DETAILS			
Student Number (ID):		Date of Birth:	
Family Name:			
First Name:			
Email:		Phone Number:	
Current address:		Suburb:	
State:		Postcode:	
RECOGNITION OF PRIOR LEARNING (RPL) REQUEST			
Qualification enrolling or enrolled in:			
Units for RPL:		RPL Kit provided for:	
Unit Code	Unit Name	Unit Code	Unit Name
STUDENT DECLARATION			
<ul style="list-style-type: none"> <li>The information I have provided in this form is correct and complete. I understand that withholding relevant information relating to my application may result in this application being rejected.</li> <li>I have attached my current CV, copies of relevant Australian qualification(s) and transcript(s) and a current job description.</li> <li>I authorize the College to verify and testamurs or transcripts I provide. I understand they College is not responsible if an educational body or institution does not verify these records.</li> <li>I agree to abide by the regulations and policies of the College.</li> </ul>			
Student Name:			Date:
Student Signature:			
RPL APPROVAL INTERNAL USE ONLY			
<b>RPL Approval</b>			
RPL applied for within the allowed timeframe:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RPL Application approved	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Student advised of the outcome	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date student advised:
Date RPL Kit sent to the student:			
Staff member full name:		Staff member position:	
Staff member signature:			Date: