

Recognition of Prior Learning Application Form

Applicant details:

1. Current qualification(s) (if any):	
2. Personal details:	
Surname:	First name/s:
Preferred title (please tick): <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Any other names(s):
Address:	
Suburb:	Postcode:
My home address if different my postal address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:	
Postal address:	
Suburb:	State:
Telephone number:	Mobile number:
Email:	
Date of birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Are you a permanent Resident of Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Course:	
What course are you enrolled in:	
What campus do you intend/wish to study at:	
4. Current employment:	
Are you currently employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:	
In which occupation are you currently employed:	
Who is your current employer:	
5. Armed Forces details (If applicable):	
Branch of Service:	
Trade classification on discharge:	
6. Further training:	

Have you undertaken any training/education related to the course in which you are enrolled/enrolling: Yes No

If yes:

What course have you completed:

Training completion date (month, year):

Country where you trained:

Name of institution (if applicable):

7. Further information: Is there any further information you wish to give in support of your application? (If more space is required attach another page)

8. Professional referees (relevant to work situation):

Referee 1:

Name:

Position:

Organisation:

Phone number:

Mobile number:

Email address:

Referee 2:

Name:

Position:

Organisation:

Phone number:

Mobile number:

Email address:

Employment history:

Names, addresses and Phone numbers of employers	Period of employment (DD/MM/YYYY)		Full-Time (FT) Part-Time (PT) Casual (C)	Positions held and brief description of major duties
	From:	To:		
1.				
2.				
3.				
4.				
5.				

Please attach records of any additional employment history if applicable

Declaration:

I declare that the information contained in this application is true and correct and that all documents are genuine.

Candidate Signature:

Date:

Please submit in person or by post to HSA Student Services, Level 3, 206 Bourke St, Melbourne, VIC 3000.