Suite 35, 160 South Gippsland Hwy,
Dandenong South VIC 3175
Phone: 1300 11 22 82
Email: enquiries@bcta.vic.edu.au
RTO No: 22597

Credit Transfer Application

This form is to be used by students wishing to apply for Credit Transfer. Please complete the Credit Transfer Form, attach a copy of a Verified Award or Statement of Attainment and submit the application to the Administrative Staff.

Personal Details

First Name:	**Last Name:**		
Address:		**State:** **Postcode:**	
Date of Birth:	**Gender: (Circle One)**	Male	Female
Email:	**Telephone / Mobile:**		
Course:			

Course Details

Course Code:	**Course Title:**

Please tick units of competency you are seeking Credit Transfer for:

Tick	Unit Code	Unit Name

Checklist:

Do you have a copy of each unit of competency for which you are applying Credit Transfer?	**YES / NO**
Have you collected as much evidence as you can to support your application?	**YES / NO**
Have you completed this Application Form by yourself and in full?	**YES / NO**

Declaration

I declare that the information contained in this application is a true statement of my education

Signed:	**Date:**

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OFFICE USE ONLY: Credit Transfer Form	
Application Received by:	**Date:**
Student Name:	
Name of Education Provider:	
Course Code:	**Course Title:**

Course Coordinator / Assessor's Outcome:				
Tick	**Unit Code**	**Unit Title**	**Credits Granted**	
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**
			Y	**N**

- **If insufficient space, please attach page.**

Course Coordinator / Trainer Comments:		
Result of Evaluation	**Application Accepted**	❑ **Yes** ❑ **No**
Application Assessed by:		**Position:**
Signature:		**Date:**