


APPLICATION FOR CREDIT TRANSFER

Credit Transfer (CT)

CT is the recognition of previously completed formal training and/or qualifications. You may be eligible for credit transfer if you have successfully completed any identical (same code and title), or equivalent (deemed equivalent by training.gov.au) units of competency, in the course in which you are enrolling.

See example below for 'equivalent unit':



The screenshot shows the 'Unit of competency details' page for BSBMED301. The page includes a navigation menu, a breadcrumb trail, and several utility links. The main content area displays the unit title and a 'Summary' section. Within the summary, there are two tables: 'Releases' and 'Mapping'. An orange arrow points to the 'Mapping' table, which shows a mapping to BSBMED301B.

Release	Status	Release date
1 (this release)	Current	25/Mar/2015

Usage recommendation: **Current**

Mapping	Notes	Date
Supersedes and is equivalent to BSBMED301B - Interpret and apply medical terminology appropriately	Updated to meet Standards for Training Packages	24/Mar/2015

Application process

If you wish to apply for credit transfer you must complete this application form and return it to AHT Student Administration reception desk prior to course commencement.

Documentary evidence must accompany all credit transfer applications. AHT will accept all nationally recognised Qualifications and Statements of Attainment issued by any registered training organisations.

Applications for credit transfer will be assessed on the evidence supplied. You must provide certified copies of qualifications, statements of attainment and/or transcripts of results. Do not submit original documents. A photocopy of an original document can be certified (signed and dated) as a true copy of the original document by an authorised person (i.e. Justice of the Peace, police officer, doctor, accountant, school principal etc.). Alternatively, you may bring your original documents to AHT and we can photocopy on site.

Application outcome

You will be notified in writing of the outcome within 10 days from date of application. If a credit is granted, it will be recorded on your academic record. If a credit is not granted, you may need to enrol in the relevant unit/s and pay the required enrolment fee.

Cost of CT application

There is no charge for processing a Credit Transfer application.



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STUDENT DECLARATION			
<ol style="list-style-type: none"> 1. I confirm that I wish to apply for credit transfer as outlined in this application form. 2. I have been provided with all the information regarding Credit Transfer and the effect on my enrolment and amount of training. 3. The evidence provided with this application is the certified photocopy of my original academic transcript. 4. I understand that All Health Training may reject my application in the event that academic transcripts provided cannot be authenticated. 5. I declare that the information and documentation I have provided to All Health Training is true and correct. 6. I confirm that the Certificates and/or Statement of Attainments provided to All Health Training are my own and have been obtained through prior Nationally Recognised Training. 7. I acknowledge that All Health Training will contact the training providers to verify the accuracy of information on my Certificate/Statement of Attainment and give my permission for such. 8. I understand any Credit Transfers granted for unit/s as confirmed by All Health Training will be reflected in my Training Plan. 9. I understand my right to access All Health Training's Complaints and Appeals Policy and Procedure, if I am not satisfied with the outcome of my Credit Transfer application. 			
Student Signature		Date	

OFFICE USE ONLY			
Transcript Verified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Application Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No (<i>list reason below</i>)	
If No , please provide reason otherwise skip this section.			
Student Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mode (<i>e.g. email, face to face</i>)		Date	
Approved By			
Name			
Signature		Date	