

Credit Transfer Application Form									
Section 1 – Client & Visit Details									
Client Name:			Client ID	.:					
Qualification /									
Course: Assessor/ Instructo	r				Date:			/ /	
Name: Section 2 – Applicat	, ,								
Client: I wish to apply for credit transfer for the units of competency/modules listed below. I have attached original copy of certification documentation from another RTO. I declare that certification documentation supplied is legitimate, true and correct. I understand that the Assessor will verify my certification documentation for validity.									
Client Signature:					Date:	,	′	/	
Section 3 – Units /N	∕lodul	les Outcome							
					Assessor Only				
Unit Code	Unit	t Name			Evidence supplied	Evide Verif		Assessment Outcome	Assessor Initial
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Section 4 – Assesso	r Judg	gement and De	claration						
I declare that if Notes:	have	verified certifi	cation docume	entation supplied is	s legitimate, tr	rue and	corre	ect.	
Assessor Signature:					Date:	,	1	/	
Admin Use Only									
PowerPro Updated	:	Yes	☐ No	Date:	/	/	Initi	al:	
Client file updated :		Yes	☐ No	Date:	/	/	Initi	al:	