

# CREDIT TRANSFER APPLICATION FORM



## Instructions for Students:

- This form should ONLY be used for the following:
- Specified credit applies towards HLT21020 Certificate II in Medical Service First Response.
- The Credit Transfer must be made in writing or electronically, using this form

## How to Apply:

- Complete this application form and either hand it to your trainer or email it to mark.hutchings@stjohnsw.com.au.
- Credit Transfer form will be provided in accordance with St. John Ambulance Australia Inc. RPL and Credit Transfer Policy & Procedure

## When to Apply:

- This form should be completed at the commencement of the Safety and Communications workshop

## Outcome of the application

- Your application will be assessed based on the HLT21020 Certificate II in Medical Service First Response and the supporting documentation.
- For all St. John Ambulance Australia Inc.'s programs equivalency is determined by the Training Package.

SECTION 1: PERSONAL DETAILS					
Title:		Given Name:		Family Name:	
Postal Address:					
Suburb:		State:		Postcode:	
Date of Birth:		Phone No:			
Email Address:					
SECTION 2: COURSE DETAILS					
Course Enrolled:	HLT21020 - Certificate II in Medical Service First Response				
SECTION 3: PREVIOUS COURSE DETAILS					
List units successfully completed			<i>Office Use Only:</i> List corresponding St. John Ambulance Australia Inc		
Unit Code & Name	Year Completed	Institution/RTO/TAFE	Unit Code & Name	Approved Y/N	Sign
HLTAID011 - Provide First Aid			HLTAID011 - Provide First Aid		
HLTAID014 - Provide Advanced First Aid			HLTAID014 - Provide Advanced First Aid		
HLTAID015 - Provide Advanced Resuscitation and oxygen therapy			HLTAID015 - Provide Advanced Resuscitation and oxygen therapy		
PUAEME005 - Provide Pain Management			PUAEME005 - Provide Pain Management		

## SECTION 4: STUDENT DECLARATION

- I wish to apply for Credit Transfer for the units of competency/modules listed above.
- I understand that St. John Ambulance Australia Inc. will verify my certification documentation for validity.
- I understand that this application will be dealt with according to St. John Ambulance Australia Inc.'s relevant policies and procedures.
- I understand that St. John Ambulance Australia Inc. reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.
- I understand that St. John Ambulance Australia Inc. collects, stores, and uses personal information in accordance with the St. John Ambulance Australia Inc.'s Company privacy policy.

Student Name:					
Signature:		Date			
SECTION 5: OFFICE USE ONLY					
Date Application Received		Date Application Approved			
Approver's Name:		Approver's Signature:			
Date Student advised of outcome:					