



APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL) TO ACHIEVE A STATEMENT OF ATTAINMENT

I wish to apply for Recognition of Prior Learning of my competence in the unit:

(tick appropriate)

- RIIOHS201A Work Safely and Follow OHS Policies and Procedures
- RIIRIS201B Conduct Local Risk Control
- TLIF2010A Apply Fatigue Management Strategies
- TLIF1001A Follow Occupational Health and Safety Procedures
- BSB WHS201A Contribute to Health and Safety of Self and Others

Copies of evidence in support of my claim are attached.

PLEASE PRINT ALL ANSWERS

Name of Candidate.....

Date of Birth..... Male / Female

Address.....

Contact Details (phone, fax, email)

Name of Supervisor (if applicable)

Supervisor's Contact Details (phone, fax, email)

I agree to pay the fee of \$ **100.00** per unit for processing. If further assessment is required of competency, additional fees will be discussed with MARCSTA.

I agree that I will not be entitled to any refund of fees in the event that I do not meet the requisite competency standards and that any further training I require shall be at my expense.

I declare that the personal information contained in this application is a true and accurate record.

Candidate signature..... Date

Application checked and evidence verified:

MARCSTA Training Provider.....

Signature Date.....

5) What is your postal address? (If the same as above leave blank)

Flat/Unit number Street number

Street name

PO Box or Roadside Delivery Box

Suburb, locality or town

State/Territory

Postcode

Language and Cultural Diversity

6) In which country were you born?

Australia 1101

Other - please specify

7) Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

No, English only 1201 **English only - Go to Question 9**

Yes, other - Please specify

8) How well do you speak English?

Very well 1

Well 2

Not well 3

Not at all 4

9) Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

Yes, Aboriginal

Yes, Torres Strait Islander

Disability

10) Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N **No - Go to Question 12**

11) If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

- | | | |
|---------------------------|--------------------------|----|
| Hearing/Deaf | <input type="checkbox"/> | 11 |
| Physical | <input type="checkbox"/> | 12 |
| Intellectual | <input type="checkbox"/> | 13 |
| Learning | <input type="checkbox"/> | 14 |
| Mental Illness | <input type="checkbox"/> | 15 |
| Acquired Brain Impairment | <input type="checkbox"/> | 16 |
| Vision | <input type="checkbox"/> | 17 |
| Medical Condition | <input type="checkbox"/> | 18 |
| Other | <input type="checkbox"/> | 19 |
-

Schooling

12) What is your highest COMPLETED school level? (Tick ONE box only.)

- | | | |
|-----------------------|--------------------------|----|
| Year 12 or equivalent | <input type="checkbox"/> | 12 |
| Year 11 or equivalent | <input type="checkbox"/> | 11 |
| Year 10 or equivalent | <input type="checkbox"/> | 10 |
| Year 9 or equivalent | <input type="checkbox"/> | 09 |
| Year 8 or below | <input type="checkbox"/> | 08 |
| Never attended school | <input type="checkbox"/> | 02 |
- Never attended school – Go to Question 14**

13) In which YEAR did you complete that school level?

14) Are you still attending secondary school?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | Y |
| No | <input type="checkbox"/> | N |
-

Previous Qualifications Achieved

15) Have you SUCCESSFULLY completed any of the following qualifications?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | Y |
| No | <input type="checkbox"/> | N |
- No - Go to Question 17**

16) If YES, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree	<input type="checkbox"/>	008
Advanced Diploma or Associate Degree	<input type="checkbox"/>	410
Diploma (or Associate Diploma)	<input type="checkbox"/>	420
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	511
Certificate III (or Trade Certificate)	<input type="checkbox"/>	514
Certificate II	<input type="checkbox"/>	521
Certificate I	<input type="checkbox"/>	524
Certificates other than the above	<input type="checkbox"/>	990

Employment

**17) Of the following categories, which BEST describes your current employment status?
(Tick ONE box only.)**

Full-time employee	<input type="checkbox"/>	01
Part-time employee	<input type="checkbox"/>	02
Self employed - not employing others	<input type="checkbox"/>	03
Employer	<input type="checkbox"/>	04
Employed - unpaid worker in a family business	<input type="checkbox"/>	05
Unemployed - seeking full-time work	<input type="checkbox"/>	06
Unemployed - seeking part-time work	<input type="checkbox"/>	07
Not employed - not seeking employment	<input type="checkbox"/>	08

Study Reason

18) Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only.)

To get a job	<input type="checkbox"/>	01
To develop my existing business	<input type="checkbox"/>	02
To start my own business	<input type="checkbox"/>	03
To try for a different career	<input type="checkbox"/>	04
To get a better job or promotion	<input type="checkbox"/>	05
It was a requirement of my job	<input type="checkbox"/>	06
I wanted extra skills for my job	<input type="checkbox"/>	07
To get into another course of study	<input type="checkbox"/>	08
For personal interest or self-development	<input type="checkbox"/>	12
Other reasons	<input type="checkbox"/>	11

Unique Student Identifier (if applicable) _____

Return this form to:
MARCSTA, Suite 5, 12 Brodie Hall Drive, Technology Park, Bentley WA 6102