**APPLICATION FOR CREDIT TRANSFER**

ATI-Mirage recognises qualifications, records of results and statements of attainment issued by any other Registered Training Organisation under the Australian Qualifications Framework.

This form should be completed where a student is seeking credit for units of competency or skillsets that they have satisfactorily completed with this RTO or another RTO that are relevant to their present program of study. You must provide one of the following:

* an original copy of the certificate and record of results (transcript) that can be sighted and verified by ATI-Mirage or
* certified copies by a Justice of the Peace or recognised authority or
* access to USI register or
* authorisation for ATI-Mirage to contact the issuing RTO to verify authenticity of documents provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant personal details** | | | | |
| Title | | Mr  Mrs  Ms  Miss  Dr  Other | | |
| \*Family Name | |  | | |
| \*Given Name (Must provide  your legal name) | |  | | |
| \*Date of Birth | |  | Gender  Male  Female | |
|  | |  |  | |
| **Units Applied for Credit Transfer** | | | | |
| **Unit Code** | **Unit Title** | | **Equivalent** | |
|  |  | | YES | NO |
|  |  | | YES | NO |
|  |  | | YES | NO |
|  |  | | YES | NO |
|  |  | | YES | NO |
|  |  | | YES | NO |

NOTE: Where units are not equivalent a qualified trainer and assessor must complete the Unit Equivalency Transition Form to determine if any gaps exist, whereby the student will be awarded partial credit and will have to demonstrate skills and / or knowledge to fill the gap.

**A**

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| **Applicant authorisation to contact RTO to verify authenticity of documentation provided for Credit Transfer** | |
| Unit Code(s) |  |
| Name of Issuing RTO |  |
| Date of Issue |  |

**nt**

I hereby authorise you as the Issuing RTO of the above certification to verify the authenticity of the above to ATI-Mirage Pty Ltd (RTO No. 1918) on my behalf.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**Issuing RTO**

I hereby verify the authenticity of the above certification and am authorised by the RTO to act on its behalf.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Details** | Name of person who verified authenticity at RTO |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Date form received: | Date entered RTO: |
| Signed: | |
| Further action required: | |

\*Denotes a mandatory field

|  |  |  |  |
| --- | --- | --- | --- |
| **VERSION CONTROL** | | | |
| **Version** | **Modification** | **Who** | **Date** |
| Version 3.0 | Reformatted inline with Enrolment Form and made electronic version. | Deanna Ward | 17/04/2019 |