

Application for Course Credit Transfer Form – Individual Support



F-1.5.43

Instructions:

- Identify (by ticking) the unit of competency you wish to apply for course credit.
- Submit your application form with original/certified supporting documents to Marketing/Student Services (where relevant).
- This completed form is forwarded to the relevant Course Coordinators who will contact you to discuss your application if needed.
- There are no fees for Course Credit Transfer application.

Glossary:

- **Credit Transfer (CT)** - The granting of status or credit by an institution or training organisation to students for modules (subjects) or units of competency completed at the same or another institution or training organisation.

Section 1. Student to Complete

First Name: _____ Last Name: _____

Contact Number: _____ Email: _____

***For current student only**

*Student Number: _____ *College: _____

*Course Enrolled: _____

Note: Please identify (by ticking) the unit of competency you wish to apply for course credit.

Certificate III in Individual Support (Ageing and Disability) (CHC33021)

Subject	Unit Code	Unit Title	Tick	Office Use Only
Empowering People	CHCCCS038	Facilitate the empowerment of people receiving support		
Healthy Body System	CHCCCS041	Recognise healthy body systems		
Dementia Support	CHCAGE011	Provide support to people living with dementia		
Infection Prevention and Control	HLTINF006	Apply basic principles and practices of infection prevention and control		
Individualised Support	CHCCCS031	Provide individualised support		
Work Legally and Ethically	CHCLEG001	Work legally and ethically		
Work with Diverse People	CHCDIV001	Work with diverse people		
Skills Development	CHCDIS011	Contribute to ongoing skills development using a strengths-based approach		
Work Effectively in Aged Care	CHCAGE013	Work effectively in aged care		
Palliative Care Services	CHCPAL003	Deliver care services using a palliative approach		
Community Participation	CHCDIS012	Support community participation and social inclusion		
Disability Support	CHCDIS020	Work effectively in disability support		
Safe Work Practices	HLTWHS002	Follow safe work practices for direct client care		
Communication	CHCCOM005	Communicate and work in health or community services		
Independence and Wellbeing	CHCCCS040	Support independence and wellbeing		

Supporting Evidence: Certificate Transcript Others: _____

Assessed and Approved by Course Coordinator

Name: _____ Signature: _____ Date: _____

Section 4. Student Services to Complete

4.1 Student has been contacted, informed of and acknowledged the following information.

- The outcome of course credit application (Granted/Refused).
- If granted
 - The duration of their course may be shortened, hence a new eCOE will be issued and they will be responsible to advise the Department of Home Affairs of any new changes to their course duration.
- If refused
 - According to National Code Standard 10, they reserve the right to access the College's complaints and appeals processes within 20 days from receiving this decision to have their grievances heard and addressed.

4.2 To be completed (**Only if Course Credit is granted**)

- New eCOE created

Yes

N/A

- Updated student enrolment in Paradigm by: _____ Signature: _____ Date: _____