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# Application Recognition of Prior Learning

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Toowoomba Qld 4350  
  
Phone: (07) 4639 4410  
Fax: (07) 4639 4431  
E-mail: [training@hb.net.au](mailto:training@hb.net.au)

<b>OFFICE USE ONLY:</b>	
Applicant	Application No
Date received	Date reviewed
RPL assessor	
Course facilitator	
Outcome	
Comment	
Certificate forwarded	

I wish to apply for Recognition of Prior Learning for the following course:

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**PERSONAL INFORMATION**

Please supply the following details:

**1 PERSONAL DETAILS**

Given names	
Surname	
Address	Postcode
Telephone	Day: _____ Evening _____ Mobile: _____
Date of Birth	/ /
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age	
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Referees (relevant to work situation)	Name _____ Position _____ Organisation _____ Phone Number _____ Mobile Number _____ Email Address _____
Professional Referees (relevant to work situation)	Name _____ Position _____ Organisation _____ Phone Number _____ Mobile Number _____ Email Address _____

**Your education and training**

Date(s)	Level of study (eg industry course, degree etc)	Details of study (eg name of course, title of trade)	Results (eg pass, not completed)

Please provide **brief** details of any other courses (eg Staff development)

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### Your work experience

Please provide **brief** details of your work experience, either full time or part time. Include any voluntary or unpaid work. Indicate if the work involved you in the training of others and give a **brief** description of that training. Commence with the most recent work.

Employer	Type of work	Your involvement in training	F/T or P/T	Dates employed
Company Contact Phone no				From:  To:
Company Contact Phone no				From:  To:
Company Contact Phone no				From:  To:
Company Contact Phone no				From:  To:
Company Contact Phone no				From:  To:

