

## **Application for Direct Credit Transfer (DCT)**

Please complete the following form and submit it to Lead Institute's Administration Department. An Assessor will be in contact with you shortly if any further information is required.

| Section A – student to complete   |  |            |
|---|--|------------|
| Personal details  |  |            |
| Name:   |  |            |
| Data  | Student Contact Details                        |            |
| Date:   | Student Contact Details.                       |            |
| Student Address:  | н м  |            |
|   |  |            |
|   | E  |            |
| Doot Code   |  |            |
| Post Code:  |  |            |
| Units of Competency to be included in application:  |  |            |
|   |  |            |
|   |  |            |
|   |  |            |
|   |  |            |
|   |  |            |
| h !! +0! +  |  |            |
| Applicant Signature:  |  |            |
| Section B – Lead Institute Administration to complete   |  |            |
| dection B – Lead institute Administration to complete   |  |            |
| Credit Transfer Policy and Procedure provide  | led to applicant?                              | ☐ Yes ☐ No |
| ,   |  | 100 110    |
|   |  |            |
| Transcripts verified for authenticity by issuin   |  | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin   | g RTO?   | ☐ Yes ☐ No |
|   | g RTO?   |            |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:   | ng RTO?<br>sor?                                | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuir  Application forwarded on to relevant Assess  | ng RTO?<br>sor?                                | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name: Signature:  | ng RTO?<br>sor?                                | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete   | ng RTO?<br>sor?                                | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name: Signature:  | ng RTO?<br>sor?                                | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete   | ng RTO?<br>sor?                                | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete  What was the outcome of the application?   | ng RTO?  Sor?  Date:                           | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete   | ng RTO?  Sor?  Date:                           | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete  What was the outcome of the application?  Has the student been informed of the outcome             | ng RTO?  Sor?  Date:                           | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete  What was the outcome of the application?   | ng RTO?  Sor?  Date:                           | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete  What was the outcome of the application?  Has the student been informed of the outcome             | ng RTO?  Sor?  Date:                           | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete What was the outcome of the application?  Has the student been informed of the outco  Yes No  Name: | ng RTO?  Sor?  Date:  me of their application? | ☐ Yes ☐ No |
| Transcripts verified for authenticity by issuin Application forwarded on to relevant Assess Name:  Signature:  Section C – Assessor to complete  What was the outcome of the application?  Has the student been informed of the outco               | ng RTO?  Sor?  Date:  me of their application? | ☐ Yes ☐ No |

Document: Application for Direct Credit Transfer – Version 1

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