

# CREDIT TRANSFER APPLICATION FORM

## PURPOSE

This form is to be used to request credit transfer for previous studies undertaken at either International Paramedic College Pty Ltd or with another training or Higher Education provider. All evidence must be submitted/attached to this form.

### APPLICANT DETAILS

|                        |  |
|------------------------|--|
| Full Name              |  |
| Date of Birth          |  |
| Date of Application    |  |
| Training Product Code  |  |
| Training Product Title |  |

### PREVIOUS STUDIES WISHING TO APPLY CREDIT FOR

| STUDENT TO COMPLETE  |           | ASSESSOR TO COMPLETE   |   |  |
|--|-----------|--|---|--|
| <i>(Insert the unit code &amp; title below for the units you wish to apply credit for)</i> |           | <i>(Refer to the <a href="#">Managing Credit Transfer Guidelines</a> for further assistance)</i> |   |  |
| Unit Code  | Unit Name | <i>D - Direct unit<br/>S&amp;E - Superseded<br/>and equivalent</i>                               | Evidence verified<br>and attached<br>(Yes/No) |  |
|  |           | D  | S&E   |  |
|  |           | D  | S&E   |  |
|  |           | D  | S&E   |  |
|  |           | D  | S&E   |  |
|  |           | D  | S&E   |  |

### PREVIOUS STUDIES WISHING TO APPLY CREDIT FOR

| STUDENT TO COMPLETE  |           | ASSESSOR TO COMPLETE   |     |   |
|--|-----------|--|-----|---|
| <i>(Insert the unit code &amp; title below for the units you wish to apply credit for)</i> |           | <i>(Refer to the <a href="#">Managing Credit Transfer Guidelines</a> for further assistance)</i> |     |   |
| Unit Code  | Unit Name | <i>D - Direct unit<br/>S&amp;E - Superseded<br/>and equivalent</i>                               |     | Evidence verified<br>and attached<br>(Yes/No) |
|  |           | D  | S&E |   |
|  |           | D  | S&E |   |
|  |           | D  | S&E |   |
|  |           | D  | S&E |   |
|  |           | D  | S&E |   |
|  |           | D  | S&E |   |
|  |           | D  | S&E |   |

### APPLICANT DECLARATION

I understand and consent that, to support my Credit Transfer application, International Paramedic College Pty Ltd will verify my Transcript of Academic Record with the issuing provider in accordance with the 2025 Outcome Standards. I have attached a copy of my transcripts and listed the relevant units in the table. Alternatively, I have enabled permission via the USI Registry, allowing International Paramedic College Pty Ltd to verify my study records (from 2015 onwards) through my USI Transcript.

|                |  |
|----------------|--|
| Applicant Name |  |
| Signature      |  |
| Date           |  |

## ASSESSOR JUDGMENT AND DECLARATION

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|   |  |
|---|--|
|   | I have approved the Credit Transfer(s) to be granted.  |
|   | If the student has a superseded and equivalent unit, the currency of the unit has been validated from training.gov, and screenshots have been provided.  |
|   | <p>I have verified that the certification documentation supplied is authentic, valid, , true and accurate, and credit transfer should be granted. Verification has been conducted using the following method(s):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Original AQF certification documentation was sighted</li><li><input type="checkbox"/> Authenticated VET Transcript (USI) was reviewed</li><li><input type="checkbox"/> Verification was done with the issuing RTO</li><li><input type="checkbox"/> Other (please specify): _____</li></ul> |
| Date Credit Transfer(s) approved (this will be the 'date of award' in the SMS): |  |
| Assessor Name   |  |
| Signature   |  |
| Date  |  |