

Recognition of Prior Learning (RPL) and Credit Transfer Application Form



Sports Medicine Australia (SMA)

RTO Code: [110086]

Version: 1.0; Effective Date: 1 July 2025

SECTION 1: APPLICANT DETAILS

Field	Response
Full Name	
Date of Birth	
Phone Number	
Email Address	
USI (Unique Student Identifier)	
Course Enrolled In	
Course Start Date	

SECTION 2: TYPE OF APPLICATION

- Recognition of Prior Learning (RPL)
- Credit Transfer
- Both

SECTION 3: UNIT/S YOU ARE APPLYING FOR

Please list the unit/s of competency for which you are seeking RPL and/or Credit Transfer

Unit Code	Unit Title	RPL	Credit Transfer
HLTAID009	Provide Cardiopulmonary Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
HLTAID011	Provide First Aid	<input type="checkbox"/>	<input type="checkbox"/>
HLTAID015	Provide Advanced Resuscitation and Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/>
PUAEME007	Provide Emergency Care for Suspected Spinal Injury	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: EVIDENCE PROVIDED (RPL ONLY)

Tick the evidence you are submitting as part of your RPL application

- Resume / CV
- Job Description/s
- Employer Letter / Third Party Report
- Certificates / Qualifications (non-AQF)
- Portfolio of Work
- Video or Photographic Evidence
- Interview or Practical Observation
- Other (please specify): _____

SECTION 5: CREDIT TRANSFER DOCUMENTS

For Credit Transfer applications, attach certified copies of official transcripts from an RTO, TAFE, or other AQF-recognised institution.

- Certified copy of Statement of Attainment/s
- Statement of Results / Record of Achievement
- Qualification Certificate

Are your documents certified as true copies by a Justice of the Peace, Police Officer or authorized person?

- Yes

SECTION 6: APPLICANT DECLARATION

I declare that the information provided in this application is true and correct.

I understand that:

- Providing false or misleading information may result in the application being rejected.
- I may be required to attend an interview or provide further evidence
- The outcome of this application will be recorded in my training plan and learning record

Signature: _____

Date: _____

----- FOR OFFICE USE ONLY -----

SECTION 7: APPLICATION RECEIPT

Application Received Date: _____

Received by (Staff Name): _____

Unit Code	RPL Approved	Credit Transfer Approved	Not Approved	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional evidence / interview requested

Date of Interview (if applicable): _____

Assessor Signature: _____

Assessor Name: _____

Date Assessed: _____

SECTION 8: OUTCOME COMMUNICATED TO APPLICANT

- Email sent with outcome
- SMS updated
- Records filed in student profile

Admin Staff Name: _____

Date Completed: _____

----- FOR OFFICE USE ONLY -----