

Application for Credit Transfer / Recognition of Prior Learning

(Course in Owner Builder Compliance 91509NSW)

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS.

Applicant's Personal Details					
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss				
Family Name:					
Given Name(s):					
Date of Birth:	(dd / mm / yyyy)				
Address / Street:					
Suburb / Town:		State:		Postcode:	
Phone (daytime):					
Mobile:					
Email:					

Notes to assist you in completing this Form:

- § The more detailed information you provide, the quicker we can assess your prior learning (studies or experience) status and provide you with an outcome of what (Units of Competency) we are willing to recognise.
- § If you are applying for direct CREDIT TRANSFER only (for applicants who have completed exact competencies in previous learning), please complete this page and page 2 only, and attach copies of certificates/statements of competencies already achieved.
- § If you are applying for RECOGNITION ASSESSMENT because you feel your previous courses/programs or previous employment, voluntary and life experience is similar to the competencies outlined, please complete this page and pages 3 and 4 only.

All training and assessment services are provided by the RTO.

The Building Centre Network A.B.N 57 174 102 507
 P.O. Box 33, Strawberry Hills NSW 2012
 PH: 1300 884 876
 FAX: 1300 884 256
 EMAIL: courses@buildingcentre.com.au
 WEBSITE: www.buildingcentre.com.au/courses



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Recognition Assessment

Tick the boxes of the Units for which you are seeking Recognition Assessment:

	Unit of Competency
<input type="checkbox"/>	CPCCOHS2001A – Apply OHS requirement, policies and procedures in the construction industry
<input type="checkbox"/>	OBPERNSW001 – Prepare to be an Owner Builder
<input type="checkbox"/>	CPCCCM2001A – Read and interpret plans and specifications
<input type="checkbox"/>	CPCCCM1001A – Undertake basic estimating and costing
<input type="checkbox"/>	OBPERNSW002 – Administer contracts
<input type="checkbox"/>	CPCCCM1003A – Plan and organise work
<input type="checkbox"/>	CPCCCM1004A – Conduct workplace communication

Training Experience

List details of previous training programs you have attended where you believe they relate to the above Units:

Date of Issue	Qualification Title	Issued By	Units the certificate relates to:

PLEASE ATTACH COPIES OF:

- Certificate/s and/or Statement/s of Attainment as referred to above
- Statement of Results listing competencies achieved
- Any other documented evidence

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Related Work and Life Experience

List current and previous work-related activities you believe support your application for Recognition Assessment:

Organisation	Duration of Experience	Work-related Activities

Please provide any other evidence to support this application:

Applicant Signature: _____

Date: _____

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