



IMAGINE EDUCATION AUSTRALIA

ELICOS CENTRE

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ABN: 27 620 585 615

DIRECT CREDIT TRANSFER FORM

1. Qualification	
Name of course applying for credit to?	
2. Personal Details	
First Name/s and Surname:	
Gender: MALE <input type="checkbox"/> / FEMALE <input type="checkbox"/>	Is the Student SVP? <input type="checkbox"/> NO / <input type="checkbox"/> YES
Are you a current student?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Student Number:
Email Address:	
Local Address Street Suburb:	
Postal address if different:	
Telephone Numbers	Mobile: Home:
3. Documented Evidence (Copy of originals to be signed by the Trainer)	
Name of previous institution	
Copy of Statement of Attainment or Record of Results attached?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Declaration

I declare that the information contained in this application is true and correct and that all documents are genuine.

Candidate Signature: _____ Date _____

Office use Only

Number of Credits receivable:	
Date received:	
Staff name and signature:	
Evidence provided:	
Application approved/declined:	
Student advised:	
General Manager sign off:	
SPO Advised:	
SPO Actioned:	
Returned to DEO:	

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CRICOS Provider No: 02695C

National Provider Number 31302

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