CREDIT TRANSFER APPLICATION FORM

WWW.CHIFLEYCOMPETENCY.EDU.AU
1300 244 353

Please complete this form if you have successfully completed studies at a TAFE college or another Registered Training Organisation. Attach a certified copy of your qualification or Statement of Attainment and mail it together with this completed form to:

Chifley Client Care
GPO Box 1272, Melbourne VIC 3001, Australia

Surname/Family Name	
Given Names	
Student Number	
Current Course Studying at CBS	
Previous Course of Study	

PREVIOUS UNIT(S) STUDIED		CREDIT TRANSFER SOUGHT		FOR OFFICE USE ONLY
UNIT OF COMPETENCY CODE	UNIT OF COMPETENCY TITLE	UNIT OF COMPETENCY CODE	UNIT OF COMPETENCY TITLE	APPROVED
e.g. PSPOHS301A	Contribute to workplace safety	BSBCMN311B	Maintain workplace safety	

Student

Signature .....

Date .....

Manager of Client Care / GM

Signature.....

Delivery .....

Date .....