

# RPL Evidence Assessment Application Form

Please complete this form and send with each unit of competency to be assessed. Contact ECTARC if you require additional copies of this form or you may like to photocopy this document.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Program of Study \_\_\_\_\_

Unit of Competency (Code and Name) being addressed in this application

\_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

ECTARC Office use only:

Date received: \_\_\_\_\_ Allocated to: \_\_\_\_\_

Review date: \_\_\_\_\_ Date applicant notified of outcome: \_\_\_\_\_

Outcome of assessment: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and signature of Training Officers assessing application:

\_\_\_\_\_