

**NATIONAL RECOGNITION APPLICATION FORM**  
**(CREDIT TRANSFER)**  
**Enrolment Adjustment – Credit – Previous Studies**

This form is to be used to request credit for previous studies undertaken at with another Registered Training Organisation (RTO)

**Information**

**All evidence must be submitted/attached to this form.**

Section 1 Complete your personal information

Section 2, List the units which you are claiming credit for and attach a copy of your transcript of previous providers. To support a Credit Transfer application

Le Culinaire Hospitality will request verification of a Transcript of Academic Record with the issuing Provider.

A printed USI transcript can only be accepted where you give permission via your USI account to share it electronically with Le Culinaire Hospitality Institute for the purpose of verification. SIGN and DATE the form.

**Student Privacy**

Information collected by Le Culinaire Hospitality Institute during a student's enrolment and attendance will be used for the purposes of student record administration, identification, communication, state and national reporting, program monitoring, evaluation, and surveys. Student information will be held securely and disposed of securely when no longer needed.

The information may be disclosed when required by law and to government departments and agencies, including for example to the Department of Human Services (Centrelink), the NSW Department of Education, the Department of Home Affairs, and Australian Skills Quality Authority.

**Section 1 – Personal Details**

STUDENT PERSONAL DETAILS	
Full name:	Student ID:
Date of Birth:	Mobile No:
Course Name:	Email:
Postal Address:	

**Section 2 – Previous studies relevant to current enrolment**

I wish to receive authorised credit for the following units previously studied at another Registered Training Organisation. I understand and consent that to support a Credit Transfer application, Le Culinaire Hospitality Institute will request verification of a Transcript of Academic Record with the issuing Provider in accordance with the Standards for Registered Training Organisations (RTOs).

Attach a copy of transcripts of previous study and list relevant units in the table below. Alternatively, Le Culinaire Hospitality Institute, can verify study completed from 2015 onwards via your USI Transcript where permission is enabled via the USI Registry.

Unit Code	Unit Name	Previous Provider Code	Previous Provider Name	Academic to Approve
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No



Unit Code	Unit Name	Previous Provider Code	Previous Provider Name	Academic to Approve
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No
				Approved, Yes or No <input type="checkbox"/> Yes <input type="checkbox"/> No



**Student Declaration: The information I have provided is true and correct.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Academic Manager/Trainer Declaration:**

I can confirm the students is entitled the credits towards their course wanting to enrol in.

Academic Manager/Trainer Name: \_\_\_\_\_

Academic Manager/Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Received by:	Received date:	
Reviewed by:	Date:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Fee Exempt
<input type="checkbox"/> aXcelerate Diary Note	<input type="checkbox"/> Form uploaded in aXcelerate	<input type="checkbox"/> Total Credit Transfer Value: _____
<input type="checkbox"/> Student Advised on Outcome	If Ticked, Students initial: _____	Date: _____

Outcome/Comments: