

## Credit Transfer Application Form

CEAV Institute's CHC41215 Certificate IV in Career Development has been endorsed by CICA who is the peak body for Career Practitioners. This qualification includes the CICA competencies and standards for Career Practitioners.

To protect the integrity of their course, CEAV Institute may provide Credit Transfer for some units of competency only. This is because a CHC41215 Certificate IV in Career Development issued by another RTO, may not have CICA endorsement.

Please refer to the list of units of competency in the table below to check which units of competency Credit Transfer will be granted.

Please note that Credit Transfer will be granted for up to 5 of the listed units of competency only. Credit Transfer will not be granted for units of competency that are not on CEAV Institute's scope of registration.

Credit Transfer WILL NOT be given for the following units of competency:

CHCECD009  
CHCCOM002  
CHCYTH015

An administrative fee of \$60 per unit of competency will be applied for each Unit of Competency approved. You will be issued with a revised Statement of Fees and deducted the amount of the unit cost for each unit for which Credit Transfer has been approved.

For further information refer to CEAV's National Recognition and Credit Transfer Policy and the CEAV Institute Student Handbook.

### CHC41215 - Certificate IV in Career Development

|                    |  |
|--------------------|--|
| Student Name:      |  |
| Trainer Name:      |  |
| Course Start Date: |  |

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| Units of Competency   | Apply for transfer credit                | Comments<br>(refer to evidence) |
|---|--|---------------------------------|
| CHCECD008 - Deliver services consistent with a career development framework (C)               | <input type="checkbox"/>                 |                                 |
| CHCLEG001 - Work legally and ethically (C)  | <input type="checkbox"/>                 |                                 |
| CHCECD001 - Analyse and apply information that supports employment and career development (C) | <input type="checkbox"/>                 |                                 |
| CHCECD010 - Provide support to people in career transition (C)                                | <input type="checkbox"/>                 |                                 |
| CHCECD009 - Conduct career guidance interviews (C)  | <i>Not available for Credit Transfer</i> |                                 |
| CHCCOM002 - Use communication to build relationships (C)                                      | <i>Not available for Credit Transfer</i> |                                 |
| CHCYTH015 - Support young people to create opportunities in their lives (E)                   | <i>Not available for Credit Transfer</i> |                                 |
| CHCPRP001 - Develop and maintain networks and collaborative partnerships (C)                  | <input type="checkbox"/>                 |                                 |
| CHCDIV001 - Work with diverse people (C)  | <input type="checkbox"/>                 |                                 |
| CHCPRP004 - Promote and represent the service (E)   | <input type="checkbox"/>                 |                                 |
| CHCECD007 - Maximise participation in work by people with disability (E)                      | <input type="checkbox"/>                 |                                 |
| CHCGRP002 - Plan and Conduct Group Activities (E)   | <input type="checkbox"/>                 |                                 |
| CHCPRP003 - Reflect on & improve own professional practice (E)                                | <input type="checkbox"/>                 |                                 |

### Student & Trainer Confirmation

I confirm that to the best of my knowledge, all the details and evidence provided on this form are correct.

Student's Name:

Date:

Student's Signature:

Trainer's Name:

Date:

Trainer's Signature

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| Office Use Only  |   |       |  |
|--|---|-------|--|
| Student Notified of outcome:                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date: |  |
| RTO Representative's Name:                             |   |       |  |
| RTO Representative's Signature:                        |   |       |  |
| Evidence attached to this application: (if applicable) | <input type="checkbox"/> Statement of Attainment<br><input type="checkbox"/> Certificate/ Testamur<br><input type="checkbox"/> USI Transcript | Date: |  |
| Student's File Updated:                                | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date: |  |
| VETtrack Updated:                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date: |  |
| Student issued with a revised cost for the course:     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date: |  |