

Application for Recognition of Prior Learning To Achieve a Statement of Attainment

I wish to apply for Recognition of Prior Learning of my competence in the unit:

CPCCOHS1001A - Work Safely in the Construction Industry

PLEASE PRINT ALL ANSWERS

Name of Candidate.....

Date of Birth.....

Address.....

.....

.....

Telephone Number.....

Fax.....

Email.....

I agree to pay the fee of \$50.00 for processing. If further assessment is required of competency, additional fees will be discussed with MARCSTA.

I agree that I will not be entitled to any refund of fees in the event that I do not meet the requisite competency standards and that any further training I require shall be at my expense.

I declare that the personal information contained in this application is a true and accurate record.

Candidate signature..... Date

Application verified:

MARCSTA Training Provider.....

Signature Date.....