

# 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:

(tick appropriate)

- RIIOHS201A Work Safely and Follow OH&S Policies and Procedures
- RIIRIS201A Conduct Local Risk Control
- TLIF1007C Apply Fatigue Management Strategies
- TLIF107C Follow Occupational Health and Safety Procedures
- BSBOHS201A Participate in OHS Processes

**Copies** of evidence in support of my claim are attached.

PLEASE PRINT ALL ANSWERS

Name of Candidate.....

Date of Birth.....

Address.....

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Contact Details (tel, fax, email) .....

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Name of Supervisor (if applicable) .....

Supervisor's Contact Details (phone, fax, email) .....

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I agree to pay the fee of \$ 100.00 per unit 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 checked and evidence verified:

MARCSTA Training Provider.....

Signature ..... Date.....