

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.....

Address.....

Contact Details (tel, fax, email)

Name of Supervisor (if applicable)

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

I agree to pay the fee of \$ 50.00 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.....