

# Recognition of Assessment Information and Application Form

## HLT51020 Diploma of Emergency Health Care

### Recognition assessment application

This guide is designed for participants who believe they already have the knowledge and skills covered in this course. Participants who can provide evidence to demonstrate the required knowledge and skills are not required to complete the related module.

Attached is a form that lists the units of competency that are included in the HLT51020 Diploma of Emergency Health Care course. Check the list of units of competency that you have completed and compare them to the list below. This means that you do not need to complete the unit of competency in the left-hand column, reducing the time it takes you to complete the qualification.

You do not need to apply for recognition for all the units listed – you may choose to only apply for recognition for selected units.

Submit this form with any documented evidence of previous training, certified copies of any competencies and qualifications obtained (i.e. statement of attainment, academic transcript, current Curriculum Vitae (CV)).

### Credit Transfer

If you have completed the unit (same unit code and title previously e.g., you completed CHCDIV001 Work with diverse people) then credit transfer applies. You will need to attach a copy of your qualification (including a list of the units of competency completed) to your application. We are required to contact the Registered Training Organisation who issued your certificate to confirm the authenticity of the certificate.

### Recognition of Prior Learning (RPL)

Where you have gained the skills covered by a unit of competency through formal, non-formal and informal learning, you can apply for RPL. You will need to attach relevant evidence in support of your RPL application (e.g. course certificates, CV, workplace documents, referee reports, performance records).

If you are able to provide sufficient evidence to demonstrate that you meet the requirements of the unit/s of competency, the assessor will be able to approve your application for RPL and you will not need to do complete the unit of competency. If there is not enough evidence provided, you may be asked to provide additional evidence against specific components of the unit of competency (elements, performance criteria, performance evidence, knowledge evidence).

Contact your trainer who can provide a detailed RPL guide for each unit where you wish to apply for RPL. These guides provide more information on the types of evidence required and the RPL process.

## Recognition of Assessment Participant Application Form

<b>Participant Name:</b>				
<b>Participant Contact details:</b>				
I give permission for St John Ambulance Australia to contact the relevant Training providers, to authenticate any academic transcript/s and Statement of Attainment/s submitted for recognition.				
<b>Participant Signature:</b>			<b>Date:</b>	
Unit Code & Name	CT	RPL	Evidence	Approved
HLTAID015 Provide Advanced Resuscitation and Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTWHS006 Manage personal stressors in the work environment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTWHS002 Follow safe work practices for direct client care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTINF001 Comply with infection prevention & control policies & procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
CHCDIV001 Work with diverse people	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTOUT010 Communicate in complex situations to support health care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTWHS005 Conduct manual tasks safely	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTAAP001 Recognise healthy body systems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BSBMED301 Interpret and apply medical terminology appropriately	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTAAP002 Confirm physical health status	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTOUT007 Transport non-emergency patients under operational conditions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTOUT001 Implement safe access and egress	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTOUT005 Assess and deliver standard clinical care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>



CHCLEG001 Work legally and ethically	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PUAEME005 Provide pain management	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTOUT006 Transport emergency patients	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HLTOUT008 Manage a scene	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Assessor USE ONLY</b>				
<b>Assessor Comments:</b>				
<b>Date approved:</b>				
<b>Assessor's Name:</b>		<b>Assessor's Signature:</b>		