

Recognition of Assessment Information and Application Form



RTO no. 88041

HLT31120 Certificate III in Non-Emergency Patient Transport

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 13 units of competency that make up this 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)).

You will need to read the unit information that can be found on www.training.gov.au or ask your assessor for a copy.

Credit Transfer

If you have completed the unit (same unit code and title) previously, then credit transfer applies. Select the credit transfer box on the attached form for the units that you are seeking credit transfer and attach a copy of your 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).

Participant Name :

Participant Contact Details:

I give permission for St John to contact the relevant Training providers to authenticate any academic transcript/s and Statement of Attainment/s submitted for recognition.



Participant Signature :

Date:

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Unit Code and title	Credit transfer	RPL	If RPL Briefly describe how you meet all the requirements of each unit	Evidence	Approved
HLTAID011 Provide first aid	<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"/>
HLTWHS005 Conduct manual tasks safely	<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"/>
HLTOUT010 Communicate in complex situations to support health 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"/>
HLTAAP001 Recognise healthy body systems	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
BSBMED301 Interpret & apply medical terminology appropriately	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Unit Code and title	Credit transfer	RPL	If RPL Briefly describe how you meet all the requirements of each unit	Evidence	Approved
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"/>
HLTAAP002 Confirm physical health status	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
HLTAID015 Provide advanced resuscitation and oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

(Assessor Use Only)

Assessor Comments

Date: _____ By: _____ (Assessor)