

Credit Transfer Application Form

To be completed by a member wishing to: **Credit Transfer a Qualification[#] or Unit of Competency[#] and obtain the aligned SLSA Award.**

Applicant Details (please print in legible BLOCK letters) *Indicates mandatory fields	
Full Name*	
Club*	
Email Address*	
Contact Number*	
Date of Birth*	

A certified copy of the Statement of Attainment or Qualification for non-SLSQ Certificates is to be attached to this application.

Tick (✓) relevant	Statement of Attainment/Qualification issued by an RTO	SLSA Award to be recognised
	HLTAID007 Provide Advanced Resuscitation	Advanced Resuscitation Techniques [AID]
	HLTFA311A Apply First Aid	Apply (Senior) First Aid
	HLTAID003 Provide First Aid	First Aid [AID]
	HLTAID001 Provide Cardiopulmonary Resuscitation	Resuscitation [AID]
	PUA21012 Certificate II in Public Safety (Aquatic Rescue) – must include second page which lists units completed	Bronze Medallion
	TAEDEL301A Provide work skill instruction <u>and</u> BSBCMM401A Make a presentation	Pre-requisite to becoming a Training Officer
	TAEASS401B Plan assessment activities and processes TAEASS402B Assess competence TAEASS403B Participate in assessment validation	Pre-requisite to becoming an Assessor
	TAE40110 Certificate IV in Training and Assessment – must include second page which lists units completed	Pre-requisite to becoming a Training Officer / Assessor / Facilitator
	TAELLN411 Address adult language, literacy and numeracy skills	In preparation for TAE training package change

[#]Attained from a Registered Training Organisation (RTO)

Applicant's Declaration			
I, _____ (applicant's full name) confirm that all information and documentation submitted in this application is true and correct. I acknowledge that as part of this application process, ALAQ/SLSQ will contact the RTO who issued the certificates for verification.			
Applicant's signature:		Date:	

CTO/Club Delegate Endorsement			
The members Surf Life Saving Club endorses this application to proceed: YES NO (please select)			
Club CTO/Delegate Name:			
Signature:		Date:	

Branch/SLSQ Delegate Endorsement			
The relevant documentation has been attached (certified copy): YES NO (please select)			
Branch/SLSQ Delegate Name:			
Signature:		Date:	

SLSQ STATE OFFICE USE ONLY			
<input type="checkbox"/> Credit Transfer form completed correctly <input type="checkbox"/> Certified copy of statement of attainment/s or qualification attached <input type="checkbox"/> Applicant declaration signed <input type="checkbox"/> Club and Branch/SLSQ delegate approval <input type="checkbox"/> Unit/s or Qualification entered in Surfguard <input type="checkbox"/> SLSA award entered in Surfguard (where applicable) <input type="checkbox"/> SLSQ RCC/RPL application spreadsheet updated Candidate, Club and Branch emailed			
SLSQ Delegate Name:			
Signature:		Date:	