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Form Name: Application for Credit Transfer (CT)
Form Number: BP-FO-2.2.2.3.1a-1
Effective Date:04/12/2023
Version: 1.1

Application for Credit Transfer (CT)

Instructions to Applicant:

1. Complete form and email to learning@transport.nsw.gov.au
2. Please attach certified copy of Statement of Attainment and/or Qualification evidence to support your request
3. *Optional* Provide permission to Transport for NSW Learning and Development (TfNSW RTO#40657) to view your VET transcript

Learner Details			
Surname		**Given Name**	
Employee No. *(if applicable)*		**Date of Birth**	
Contact Number			
Address			
Course Code *(if applicable)*		**Course Name** *(if applicable)*	

Units of Competencies for which Credit Transfer is sought *(attach additional sheet if required)*		**TfNSW L&D use only**	
Unit Code	**Unit Name**	**Approved**	**Approved Unit Code**
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Permission to view VET Transcript (optional)

☐ I have provided permission to Transport for NSW Learning and Development (TfNSW RTO #40657 to view my VET Transcript from my USI account.

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Declaration		
• The information I have provided is true and correct. • I authorise Transport for NSW Learning and Development (TfNSW RTO#40657) to contact the Registered Training Organisation/s (RTO) who have issued any of the attached Certificates and/or Statement of Attainments to authenticate the qualification/s. • I authorise the RTO/s who have issued the attached Certificates and/or Statement of Attainments, to release the required information to Transport for NSW Learning and Development (TfNSW RTO#40657).		
Applicant Signature		**Date**

OFFICE USE ONLY *(to be completed by Learning Information)*		
Verification		
Credit Transfer (CT) provision is approved in LAS (Learning and Assessment Strategy) of Training Program	☐ Yes	☐No
Certificate Verified by Issuing RTO	☐ Yes (Attach evidence)	☐ No
Verifying Officer Name		
Verifying Officer Title		
Date Verified		
Approval		
Credit Transfer Approved	☐ Yes	☐ No
	Comments: *(if required)*	
Learning Information Lead Name		
Signature		
Date		
Administration		
Applicant Notified via Email about Credit Transfer (CT) Outcome	☐ Yes	☐ No
Entered in Student Management System	☐ Yes	☐ N/A
Date Entered		
Training Plan Updated	☐ Yes	☐ N/A

2