



Title:	Subject Exemption by Skills Recognition Cert IV HCA		
Title No:	201.36	Page 1 of 8	
Prepared by:		Edition:	6
Approved by:	LGK General Manager	Date:	17/11/11

Application for Subject Exemption by Skills Recognition

(Including Recognition of Prior Learning [RPL], Recognition of Current Competency [RCC] and Credit Transfer [CT])

TITLE OF CURRENT COURSE WITH FIRST INTERVENTION OR QUALIFICATION YOU WISH TO CLAIM SKILLS RECOGNITION FOR: HLT30207 Certificate III in Non-Emergency Client Transport		
Please ensure you: <ul style="list-style-type: none"> Complete this form in full and sign the student declaration Attach <i>all</i> supporting documentation 	Lodge this form with:	First Intervention PO Box 87 Tullamarine Victoria Australia 3043
Supporting documentation should include: <ol style="list-style-type: none"> 1. <u>Certified</u> copies of Certificates, Academic Transcripts and Statements of Attainment. 2. Documentation of <u>Relevant</u> Work Experience: i.e. Resume/CV/Position Description. 		

APPLICANT DETAILS: (PLEASE PRINT)		
FAMILY NAME :(Block letters) <input style="width: 95%;" type="text"/>	OTHER NAMES: <input style="width: 95%;" type="text"/>	STUDENT NUMBER: <input style="width: 95%;" type="text"/>
ADDRESS FOR CORRESPONDANCE ABOUT THIS APPLICATION: STREET NUMBER & NAME: <input style="width: 95%;" type="text"/>		
SUBURB: <input style="width: 95%;" type="text"/>	STATE: <input style="width: 95%;" type="text"/>	POSTCODE: <input style="width: 95%;" type="text"/>
PHONE: <input style="width: 95%;" type="text"/>	MOBILE: <input style="width: 95%;" type="text"/>	FAX: <input style="width: 95%;" type="text"/>
EMAIL: <input style="width: 95%;" type="text"/>		



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Unit Code	Unit Title	RPL/RCC/CT	Evidence	Attachment Number:	Subject Recommendation:	
Compulsory Units (10)						
HLTHIR301B	Communicate and work effectively in health				Full Unit	
					Partial	
					Nil	
HLTOHS200B	Participate in OHS processes				Full Unit	
					Partial	
					Nil	
HLTIN301C	Comply with infection control policies and procedures in health work				Full Unit	
					Partial	
					Nil	
HLTAMBFC301C	Communicate with clients and colleagues to support health care				Full Unit	
					Partial	
					Nil	



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Unit Code	Unit Title	RPL/RCC/CT	Evidence	Attachment Number:	Subject Recommendation: v	
BSBMED301B	Interpret and apply medical terminology				Full Unit	
					Partial	
					Nil	
BSBFLM303C	Contribute to effective workplace relationships				Full Unit	
					Partial	
					Nil	
HLTFA301C	Apply First Aid				Full Unit	
					Partial	
					Nil	
HLTFA402C	Apply Advanced First Aid				Full Unit	
					Partial	
					Nil	



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Unit Code	Unit Title	RPL/RCC/CT	Evidence	Attachment Number:	Subject Recommendation: v	
HLTAP301B	Recognise healthy body systems in a health care context				Full Unit	
					Partial	
					Nil	
HLTAMBT301B	Transport non-emergency clients under operational conditions				Full Unit	
					Partial	
					Nil	



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Unit Code	Unit Title	RPL/RCC/CT	Evidence	Attachment Number:	Subject Recommendation: v	
Elective Units (5 only required)						
HLTAMBPD401C	Manage personal stressors in the work environment				Full Unit	
					Partial	
					Nil	
HLTHIR402C	Contribute to organizational effectiveness in the health industry				Full Unit	
					Partial	
					Nil	
CHCCS400B	Work within a relevant legal and ethical framework				Full Unit	
					Partial	
					Nil	



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Unit Code	Unit Title	RPL/RCC/CT	Evidence	Attachment Number:	Subject Recommendation:	
CHCDIS301B	Work effectively with people with disability				Full Unit	
					Partial	
					Nil	
HLTHIR403C	Work effectively with culturally diverse clients and co-workers				Full Unit	
					Partial	
					Nil	
HLTHIR402C	Contribute to organizational effectiveness in the health industry				Full Unit	
					Partial	
					Nil	
HLTHIR404C	Work effectively with Aboriginal and Torres Strait Islander people				Full Unit	
					Partial	
					Nil	



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Unit Code	Unit Title	RPL/RCC/CT	Evidence	Attachment Number:	Subject Recommendation:	
					Full Unit	
					Full Unit	
					Partial	
					Nil	
					Full Unit	
					Partial	
					Nil	
					Full Unit	
					Partial	
					Nil	



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* Assessor to provide a brief explanation of reason why *Partial Exemption* or *No Exemption* Recommended

DECLARATION

I declare that the information provided on this form is, to the best of my knowledge true, correct and complete.

SIGNATURE:

DATE:

FIRST INTERVENTION OFFICE USE ONLY

OUTCOME OF ASSESMENT:

COMPETENCY ACHIEVED (CA)

NOT YET COMPETENT (NYC)

REASON:
(If NYC)

SIGNATURE:

DATE:

Return to: First Intervention P/L PO Box 87 Tullamarine VIC 3043