**Application for Unit Exemption through 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: | | | | | | | |  |
|  | **CHC50113 Diploma of Early Childhood Education and Care** | | | | | | |  |
|  | **Please ensure you:**   * Complete this form in full and sign the student declaration * Attach *all* supporting documentation | | | **Lodge this form with:** | | | First Intervention  Level1/15-17 Argyle St, Parramatta  Sydney, NSW Australia 2150 |  |
|  | **Supporting documentation should include:**   1. *Certified* copies of Certificates, Academic Transcripts and Statements of Attainment. 2. Documentation of *Relevant* Work Experience: i.e. Resume/CV/Position Description. | | | | | | |  |
|  |  | | | | | | |  |
|  | **APPLICANT DETAILS**: (Please PRINT) | | | | | | |  |
|  | FAMILY NAME :(BLOCK letters) |  | OTHER NAMES: | |  | STUDENT NUMBER: | |  |
|  |  |  |  | |  | ENFIR- | |  |
|  |  |  |  | |  |  | |  |
| **ADDRESS FOR CORRESPONDENCE ABOUT THIS APPLICATION***:* | | | | | | | | |
|  | STREET NUMBER & NAME: | | | | | | |  |
|  |  | | | | | | |  |
|  | SUBURB: |  | STATE: | |  | POSTCODE: | |  |
|  |  |  |  | |  |  | |  |
|  | PHONE: |  | MOBILE: | |  | FAX: | |  |
|  |  |  |  | |  |  | |  |
|  | EMAIL: | | | | | | |  |
|  |  | | | | | | |  |

**Applicant – please complete / insert information in columns 3, 4 and 5 only.**

Column 3 - RPL = Recognition of Prior Learning, RCC = Recognition of Current Competencies, CT = Credit Transfer

Column 4 - List the name of each document (e.g. Cert. IV in Aged Care)

Column 5 - Number all of your evidence support documents (e.g. #1, #2) which must also be supplied with your application

| **1** | **2** | **3** | **4** | **5** | **6** | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit Code | Unit Title | RPL/RCC/CT | Evidence Documentation | Attachment Number: | Recommendation: 🗸 | |
| **This Qualification requires: 23 Core Units and 5 Elective Units** | | | | | Office Use | |
| CHCDIV002 | Promote Aboriginal and/or Torres Strait Islander cultural safety |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCLEG001 | Work legally and ethically |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE001 | Develop cultural competence |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE002 | Ensure the health and safety of children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE003 | Provide care for children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |

| **1** | **2** | **3** | **4** | **5** | **6** | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit Code | Unit Title | RPL/RCC/CT | Evidence Documentation | Attachment Number: | Recommendation: 🗸 | |
| **This Qualification requires: 23 Core Units and 5 Elective Units** | | | | | Office Use | |
| CHCECE004 | Promote and provide healthy food and drinks |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE005 | Provide care for babies and toddlers |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE007 | Develop position and respectful relationships with children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE009 | Use an approved learning framework to guide practice |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE016 | Establish and maintain a safe and healthy environment for children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE017 | Foster the holistic development and wellbeing of the child in early childhood |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |

| **1** | **2** | **3** | **4** | **5** | **6** | |
| --- | --- | --- | --- | --- | --- | --- |
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| **This Qualification requires: 23 Core Units and 5 Elective Units** | | | | | Office Use | |
| CHCECE018 | Nurture Creativity in children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE019 | Facilitate compliance in an education and care service |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE020 | Establish & implement plans for developing cooperative behaviour |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE021 | Implement strategies for the inclusion of all children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE022 | Promote children’s agency |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE023 | Analyse information to inform learning |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Unit Code | Unit Title | RPL/RCC/CT | Evidence Documentation | Attachment Number: | Recommendation: 🗸 | |
| **This Qualification requires: 23 Core Units and 5 Elective Units** | | | | | Office Use | |
| CHCECE024 | Design and implement the curriculum to foster children’s learning and development |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE025 | Embed sustainable practices in service operations |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE026 | Work in partnership with families to provide appropriate education and care for children |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCPRT001 | Identify and respond to children and young people at risk |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| HLTAID004 | Provide an emergency first aid response in an education and care setting |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| HLTWHS003 | Maintain work health and safety |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |

| **1** | **2** | **3** | **4** | **5** | **6** | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit Code | Unit Title | RPL/RCC/CT | Evidence Documentation | Attachment Number: | Recommendation: 🗸 | |
| **This Qualification requires: 23 Core Units and 5 Elective Units** | | | | | Office Use | |
| BSBINN502 | Build and sustain an innovative work environment |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| BSBSUS501 | Develop workplace policy and procedures for sustainability |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE012 | Support children to connect with their world |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| CHCECE014 | Comply with family day care administration |  |  |  | Full Unit |  |
| Partial |  |
| Nil |  |
| BSBLDR403 | Lead team effectiveness |  |  |  | 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 ASSESSMENT: | | | |  | COMPETENCY ACHIEVED (CA) | | |  | Partial Exemption Granted (provide comment) | | |
| *(where required)* | | | | | | | | | | | |
|  | | | |  | NOT YET COMPETENT (NYC) | | |  | Full Exemption | | |
| Comments / Reason : | | |  | | | | | | | | |
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|  | | | | | | | | | | | |
| **SIGNATURE:** | | | | | |  | | | | |  |
| (Training Manager / General Manager) | | | | | | | | | | | |
| **DATE**: |  | | | | | |  | | |  | |
|  | | | | | | | | | | | |

**RETURN TO:** First Intervention P/L Level1/15-17 Argyle St, Parramatta, Sydney, NSW 2150