



Victorian Institute of Education Pty Ltd Trading as
Southern Academy of Health Sciences
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| Suite LG.01/159-165 Queen Street, Campbelltown NSW, 2560

Credit Application Form

| | | | |
|-----------------|--|--------------------------------------|--|
| Applicant Name: | | Name of course you are enrolling in: | |
|-----------------|--|--------------------------------------|--|

Please list relevant qualifications, courses and units in the table below.

(Where you have completed a whole course, you do not need to list each unit separately)

| Issuing RTO | Course/unit code | Course/unit name | Certified copy attached? | |
|-------------|------------------|------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

No of pages attached: _____

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

| Office Use Only | | | | | |
|-----------------|--|------------|--|-------|--|
| Processed by: | | Signature: | | Date: | |
| Notes: | | | | | |