# Enrolment Adjustment
For Recognition of Prior Learning and Previous Studies

## Student Information
- **Student Number:**
- **Year of Enrolment:** 2011
- **Course Number:** 18167
- **Course Name:** Certificate III Aged Care
- **College/Campus Name:** Open Training and Education Network (OTEN)

## Assessment Information
**List all units for which you are seeking recognition:**

<table>
<thead>
<tr>
<th>Unit number</th>
<th>Name of Unit</th>
<th>Justification</th>
<th>Recognition Type</th>
<th>Recognition granted</th>
<th>Functional Unit Code</th>
<th>Previous Provider code</th>
<th>Overseas evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLTHIR403B</td>
<td>Work effectively with culturally diverse clients and co-workers</td>
<td>Maps to the following in 4480: CHCCS405A &amp; CHCCS401A</td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>CHCICS303A</td>
<td>Support individual health and emotional well being</td>
<td>CHCAC6C &amp; CHCCOM2B</td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>CHCAC318A</td>
<td>Work effectively with the older person</td>
<td>CHCAC3C &amp; 4480W</td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>CHCOHS312A</td>
<td>Follow safety procedures for direct care work</td>
<td>CHCOHS302A &amp; 4480W</td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>CHCIC301A</td>
<td>Provide support to meet personal care needs</td>
<td>CHCAC1C, CHCAC2C &amp; 4480W</td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>CHCCS305A</td>
<td>Assist clients with medication</td>
<td>CHCCS304A &amp; 4480W</td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

**Reasons for non-approval of application (if applicable):**

## Notes
- For each unit listed above a completed Recognition for Unit of Competency (pink) form and its supporting evidence must be attached to this form.
- **Student Declaration:** All information I have provided to support this application is true and correct. I authorise TAFE NSW to make any enquiries necessary to assist in the assessment and verification of my recognition application and to use any information supplied in this application for that purpose.

**Authorisation of Enrolment Adjustment:** Both the Assessor and the Delegate have sighted and validated evidence for recognition and initialled all alterations made to this form. The assessor and delegate must be different persons (Refer to WSI Procedures for appropriate role to perform this function). Both are nominated by the Institute Director.

**Date:**
- **Day:**
- **Month:**
- **Year:**

**Signature of Student:**

**Assessor:**
- **Number of units granted in words:**
- **Name of Assessor:**
- **Signature of Assessor:**
- **Date:**
- **Day:**
- **Month:**
- **Year:**

**Delegate:**
- **Number of units granted in words:**
- **Name of Delegate:**
- **Signature of Delegate:**
- **Date:**
- **Day:**
- **Month:**
- **Year:**
Enrolment Adjustment
For Recognition of Prior Learning and Previous Studies

Student Information to be completed by student.

- Student Number: [Redacted]
- Course Number: 18167
- Course Version: 2
- Certificate III Aged Care
- College/Campus Number: 127
- College/Campus Name: Open Training and Education Network (OTEN)

Staff Use Only
- Request Course Completion: No
- Where course completion is requested contact re outcome.

Assessment Information
List all units for which you are seeking recognition.

<table>
<thead>
<tr>
<th>Unit number</th>
<th>Name of Unit</th>
<th>Justification</th>
<th>Recognition Type (Decree 2008)</th>
<th>Recognition granted Yes/No</th>
<th>Functional Unit Code</th>
<th>Previous Provider Code</th>
<th>Overseas evidence Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHCCS411A</td>
<td>Work effectively in the community sector</td>
<td></td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHCAC319A</td>
<td>Provide support to people living with dementia</td>
<td></td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>CHCICS302A</td>
<td>Participate in the implementation of individualised plans</td>
<td></td>
<td>C</td>
<td>YES</td>
<td>0864</td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

Reasons for non-approval of application (if applicable):

Key for Recognition Type:
1. C - Credit Transfer
2. M - National
3. N - Non Standard
4. S - Standard Pre-arranged

Key for previous provider code:
1. 1 University
2. 2 Adult & Community Education
3. 3 School
4. 4 TAFE NSW
5. 5 Other VET provider
6. 6 Non-formal/other

Student Declaration: All information I have provided to support this application is true and correct. I authorise TAFE NSW to make any enquiries necessary to assist in the assessment and verification of my recognition application and to use any information supplied in this application for that purpose.

Date: [Redacted]
Signature of Student: [Redacted]

Authorisation of Enrolment Adjustment: Both the Assessor and the Delegate have sighted and validated evidence for recognition and installed all alterations made to this form. The assessor and delegate must be different persons (Refer to WSI Procedures for appropriate role to perform this function). Both are nominated by the Institute Director.

Assessor: [Redacted]
Number of units granted in words: [Redacted]
Name of Assessor: [Redacted]
Signature of Assessor: [Redacted]
Date: [Redacted]

Delegate: [Redacted]
Number of units granted in words: [Redacted]
Name of Delegate: [Redacted]
Signature of Delegate: [Redacted]
Date: [Redacted]