



# Credit Transfer Application Form

Personal Details			
Family Name:			
Given Name/s:			
Address:			
Phone:		Day:	
		Evening:	
Units of Competency (Completed) and for Transfer to commencing qualification			
		OFFICE USE ONLY	
Unit Code	Unit Title	Granted	Initialed

Please ensure the following documents are attached to this form:

- A certified copy of your Statement of Attainment, Testamur, Academic Transcript showing the institution name, completion date, unit code/s, unit title/s and results. If the copy isn't certified, then please supply the original/s for administration to verify.
- Where documentation is issued in another name (e.g.: maiden name), you must provide a certified copy of change of name documentation (e.g.: Certificate of Marriage)
- Should evidence provided be in a language other than English, a translation by an accredited translator must be provided.
- By signing this document, you give permission for an Jim's Training representative to contact the issuing provider of your qualifications and/or statement of attainments to verify their authenticity and to meet compliance requirements in issuing you credits where applicable.

Student Name:			
Student Signature:		Date:	