

Student RPL & Credit Transfer Self-Check

Name of Applicant:			
Name of Qualification:			
Do you wish to apply for RPL or Credit Transfer?			
If 'Yes', list the previous qualification/s used for Recognition and Credit Transfer?			
To be eligible for Credit transfers, you must hold the unit with the exact same code as any in the list below.? Do you have any units with the same code as below?			
IF YES: How many units do you have the same?			
<i>Tick the box to the left of the same units you hold</i>			
I hold this unit	Unit Code and Title that I hold	I hold this unit	Unit Code and Title that I hold
<input type="checkbox"/>	CHCDIV001 Work with diverse people	<input type="checkbox"/>	CHCPWK004 Work effectively in consumer mental health peer work
<input type="checkbox"/>	CHCMHS007 Work effectively in trauma informed care	<input type="checkbox"/>	CHCPWK005 Work effectively with carers as a mental health peer worker
<input type="checkbox"/>	CHCMHS008 Promote and facilitate self-advocacy	<input type="checkbox"/>	CHCLEG001 Work legally and ethically
<input type="checkbox"/>	CHCMHS011 Assess and promote social, emotional, and physical wellbeing	<input type="checkbox"/>	CHCCCS040 Support independence and wellbeing
<input type="checkbox"/>	CHCPWK001 Apply peer work practices in the mental health sector	<input type="checkbox"/>	CHCPRP003 Reflect on and improve own professional practice
<input type="checkbox"/>	CHCPWK002 Contribute to the continuous improvement of mental health services	<input type="checkbox"/>	HLTWHS006 Manage personal stressors in the work environment
<input type="checkbox"/>	CHCPWK003 Apply lived experience in mental health peer work	<input type="checkbox"/>	CHCCCS003 Increase the safety of individuals at risk of suicide
<input type="checkbox"/>	HLTWHS001 Participate in workplace health and safety	<input type="checkbox"/>	HLTAAP001 Recognise healthy body systems
IF YES:			
What to do next			
Forward this completed form to training@mhcc.org.au			
Then follow one of the choices below to allow MHCC to verify your units:			
<ul style="list-style-type: none"> <input type="radio"/> Forward copies of certified qualifications to MHCC or <input type="radio"/> Give permission for MHCC to view your results through your USI portal 			
MHCC staff member will contact you after we confirm your units			
MHCC Staff use -			
Assessor Name		Signature	
		Date	