

## Credit Transfer and Recognition of Prior Learning

This form is designed to assist you in obtaining credit for prior learning experiences and transferring credits from previous relevant qualifications.

Please read the following descriptions carefully and complete the relevant sections of the form to ensure a smooth application process.

### **Credit Transfer (CT)**

Credit Transfer refers to the process of recognizing and accepting academic credits from previous studies at other accredited institutions. This allows students to apply these credits towards their current program of study, reducing the number of units they need to complete. To apply for Credit Transfer, students must provide official transcripts and/or access to their USI portal for Student Support to verify the transcript.

Where credit transfer is granted, no training needs to take place in that component of the course. Credit transfers may not be granted and depend on the alignment of the subject matter of your original courses with the MHCC course curriculum.

### **Recognition of Prior Learning (RPL)**

Recognition of Prior Learning (RPL) acknowledges skills, knowledge, and competencies gained through work experience, informal training, and non-traditional education. By assessing and validating these experiences, students can receive credits or exemptions from course requirements. To apply for RPL, students must provide evidence such as work samples, certificates, or references demonstrating their relevant experience and learning outcomes. The RPL process includes assessments like interviews, portfolio reviews, and demonstrations to evaluate if the prior learning meets the standards of the course. If RPL is granted, no further training is needed for that component of the course.

Please see the below documents for information regarding our RPL process:

- ➔ [Recognition of Prior Learning Information Pack](#)
- ➔ Please note that RPL does incur fees as per our [Course Fee Schedule](#)

**Please proceed to the next page(s) to complete additional information.**

## Credit Transfer Application

|  |  |                          |   |
|--|--|--------------------------|---|
| Name of Applicant:   |  |                          |   |
| Name of Qualification:   | CHC43515 Certificate IV in Mental Health Peer Work                           |                          |   |
| <b>I wish to apply for Credit Transfer (please select)</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                          |   |
| Please list the previous qualification/s used for Recognition and Credit Transfer below:   |  |                          |   |
|  |  |                          |   |
| To be eligible for Credit Transfers, you must hold the unit with the <u>exact</u> same code as any in the list below.  |  |                          |   |
| Select the box to the left of any units with the same code that you hold.  |  |                          |   |
| <b>I hold this unit</b>  | <b>Unit Code and Title that I hold</b>                                       | <b>I hold this unit</b>  | <b>Unit Code and Title that I hold</b>                                |
| <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"/> | CHCPRP003 Reflect on and improve own professional practice            |
| <input type="checkbox"/>   | CHCPWK001 Apply peer work practices in the mental health sector              | <input type="checkbox"/> | HLTWHS006 Manage personal stressors in the work environment           |
| <input type="checkbox"/>   | CHCPWK002 Contribute to the continuous improvement of mental health services | <input type="checkbox"/> | CHCCCS003 Increase the safety of individuals at risk of suicide       |
| <input type="checkbox"/>   | CHCPWK003 Apply lived experience in mental health peer work                  | <input type="checkbox"/> | BSBPEF402 Develop personal work priorities                            |
| <input type="checkbox"/>   | HLTWHS001 Participate in workplace health and safety                         | <input type="checkbox"/> | CHCGRP001 Support group activities                                    |
| <b>IF YOU HAVE SELECTED ANY OF THE ABOVE:</b>  |  |                          |   |
| Follow one of the choices below to allow MHCC to verify your units:  |  |                          |   |
| <ul style="list-style-type: none"> <li>• Upload copies of <u>certified qualifications</u> along with this form as part of your enrolment submission</li> </ul> <p style="text-align: center; margin: 5px 0;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Give permission for MHCC to view your results through your USI portal</li> </ul> |  |                          |   |
| <b>Please make sure to sign and date this document on the second last page.</b>  |  |                          |   |

## RPL Application

|   |  |    |
|---|--|----|
| Name of Applicant:  |  |    |
| Name of Qualification:  | CHC43515 Certificate IV in Mental Health Peer Work |    |
| <b>I wish to apply for Recognition of Prior Learning (please select)</b>  | Yes  | No |
| <b>Please answer the following questions:</b>   |  |    |
| Have you been working in mental health peer work for at least 2 years full time equivalent?   | YES  | NO |
| Have you completed at least 80 hours of mental health peer work according to the values, ethics and philosophies of mental health peer work, using lived experience in at least 3 different contexts?   | YES  | NO |
| Do you have access to relevant work-related documents that support your RPL application and are current from the last 2 years at the time of this application?  | YES  | NO |
| Do you have a supervisor to verify your work knowledge, experience and work-related documents?  | YES  | NO |
| <b>IF YES:</b>  |  |    |
| <p>Student Support will contact you with further information including a self-assessment checklist that you will be required to complete to identify units applicable for RPL.</p> <p style="text-align: center; background-color: #cccccc; padding: 5px;"><b>Please make sure to sign and date this document on the next page.</b></p> |  |    |

## Student Declaration

**By signing below, I acknowledge that:**

- I understand that applications for CT and RPL must be submitted before my enrolment process is completed
- I understand that I must provide all required documentation, including official transcripts, course descriptions, and any other necessary evidence for the evaluation of my CT and/or RPL application
- I confirm that all information and documentation provided in my CT and RPL application is true and correct to the best of my knowledge.

**Credit Transfer:**

- I am aware that credit transfers may not be granted for exact unit codes whereby the original course content and context is significantly different to that of the course I am applying for with MHCC.

**Recognition of Prior Learning:**

- I have read and understood the information provided regarding the RPL application process
- I acknowledge that there are specific fees associated with the RPL application and assessment process as per the MHCC course fee schedule, and I am responsible for these costs
- I acknowledge that my enrolment will not be finalized until the RPL process is completed
- I understand that RPL applications are only available to learners before course commencement

**Sign and upload this form with your enrolment documents.**

|                     |  |                  |  |             |  |
|---------------------|--|------------------|--|-------------|--|
| <b>Student Name</b> |  | <b>Signature</b> |  | <b>Date</b> |  |
|---------------------|--|------------------|--|-------------|--|

*MHCC Student Support will assess your application for Credit Transfer or RPL and contact you in writing within 7 calendar days with an outcome.*

## MHCC Office Use Only

|   |     |                              |       |
|---|-----|------------------------------|-------|
| Application Received by:  |     |                              |       |
| Date Received:  |     |                              |       |
| Processed by:   | CT  |                              |       |
|   | RPL |                              |       |
| Outcome:  | CT  | CT Granted<br>CT Not Granted |       |
|   | RPL | Eligible<br>Not Eligible     |       |
| Signature:  |     |                              | Date: |
| <p><b>Follow up required: (<i>tick all that apply</i>)</b></p> <p>Confirm CT outcome with learner</p> <p>Confirm RPL eligibility outcome with learner</p> <p>Send RPL Self-Assessment Checklist to learner</p> <p>More information required</p> <p>Follow up phone call with learner required</p> |     |                              |       |
| Processed on Job Ready by:  |     |                              |       |
| Date Processed:   |     |                              |       |
| Comments:   |     |                              |       |

End of Form