

NAT10881001 Observe and document the mental state examination

Applying for study credit transfer

You are not required to repeat any unit or module in which you have already been assessed as competent, unless a regulatory requirement or license condition (including industry licensing schemes) requires this. In some cases, licensing or regulatory requirements may prevent a unit or module being awarded through a credit process.

Where you provide suitable evidence of having successfully completed a relevant unit or module with any RTO, the Learning Centre provides credit for that unit or module. The Learning Centre provides study credit for successfully completed units of competency and/or modules (unless licensing or regulatory requirements prevent this) where these are evidenced by:

- AQF certification documentation issued by another RTO or AQF authorised issuing organisation, and subsequently verified
- authenticated VET transcripts issued by the Registrar
- directly viewing a USI transcript via the USI transcript service for a learner who has activated permission in the USI registry system.

Before study credit is provided, based on a qualification, statement of attainment or record of results, the Learning Centre authenticates information in the document by contacting the issuing organisation and confirming the document is valid.

The unit/s for which you are applying for credit must not have been awarded by a previous registered training organisation or higher education provider through study credit.

Study credit is granted not only for studies completed at another RTO, but at any authorised issuing organisation. In such cases, an analysis as to the equivalence of the study completed with the relevant unit/s or module/s is undertaken before any credit is granted.

Credit for previous studies is not the same as recognised prior learning.

Application for study credit transfer **must be made before enrolment** into accredited training. Submit your application in writing, signed by you, with copies of original qualifications, certificates or documents that must be certified by a Justice of the Peace or Commissioner of Declarations, originals for sighting by a Learning Centre staff member.

After all the required documentation is received, the Learning Centre will advise you in writing, as soon as possible, of your study credit transfer decision.

Reference: Learning Centre Guidelines Manual item 2.27 study credit transfer.

Application form, over the page.

Study credit transfer application

Instructions for the applicant:

- **Print the acknowledgment and application form pages.**
 - Complete details on each page
 - Submit via email to QCMHL_Training@health.qld.gov.au or post to:
Queensland Centre for Mental Health Learning
Locked Bag 500
Archerfield Qld 4108
- Study credit transfer will only be considered for applicants enrolling in the course with the Learning Centre.
- If you have previously been granted credit by another training provider for the credit transfer you are applying for through the Learning Centre, the Learning Centre will not recognise that credit.
- **Attach certified copies of your supporting documentation.** If you have lost or misplaced your documentation you may request a copy(ies) from the USI website <https://www.usi.gov.au/your-usi/view-your-transcript>.

Acknowledgement

For your application to be processed you must select (agree with) the three boxes below.

- ☐ I certify that the information provided, and the support documentation, is true and correct.
- ☐ I authorise the Learning Centre to authenticate my supporting documentation/results.
- ☐ Before assessing this application, I understand that where required, the Learning Centre will contact the training provider(s) where I completed previous study to verify my study. By selecting this tick box, I give permission for the Learning Centre to be provided with my results from previous training provider(s) to allow assessment of this application.

| | |
|---------------------|--|
| Applicant name | |
| Applicant signature | |
| Date signed | |

| Study credit application form | | | | | | |
|---|------------------|------------------------|-----------------------|---------|-----------|--|
| Family name | | | Given name(s) | | | |
| | | | | | | |
| Date of birth | | Mobile number | | | | |
| / / | | | | | | |
| Email address | | | | | | |
| | | | | | | |
| Postal address | | | | | | |
| | | | | | | |
| | | | | | Post code | |
| Employer details | | | | | | |
| Organisation name | | | | | | |
| Organisation contact number | | | | | | |
| Organisation address | | | | | | |
| | | | | | | |
| | | | | | Post code | |
| Unique student identifier | | | | | | |
| | | | | | | |
| Application for study credit transfer against NAT10881001 Observe and document the mental state examination. | | | | | | |
| In the section below, provide details of unit(s) of competency you have completed, where and when completed. | | | | | | |
| <i>Unit code</i> | <i>Unit name</i> | <i>Where completed</i> | <i>Year completed</i> | Approve | | |
| | | | | Yes | No | |
| | | | | Yes | No | |
| | | | | Yes | No | |
| | | | | Yes | No | |
| I apply for credit transfer for the unit/s of competency listed above. | | | | | | |
| Applicant name | | | | | | |
| Applicant signature | | | | | | |
| Date signed | | | | | | |

| Study credit application form – office use only | | | | | | | | | |
|---|--|--|-----------------------|--|--|-----|--|--|--|
| Reviewing officer to complete: | | | | | | | | | |
| Applicant family name | | | | | Applicant given name(s) | | | | |
| | | | | | | | | | |
| Applicant unique student identifier | | | | | | | | | |
| | | | | | | | | | |
| Reviewing officer name (print) | | | | | | | | | |
| I have verified the supporting documentation as authentic via (<i>select from below</i>): | | | | | | | | | |
| <input type="checkbox"/> USI register | | | | | <input type="checkbox"/> Contacted the training provider who confirmed by email, or by online verification | | | | |
| <input type="checkbox"/> Verification details are attached | | | | | <input type="checkbox"/> Verification details are not attached | | | | |
| Reviewing officer signature | | | | | | | | | |
| Date signed | | | | | | | | | |
| Program Manager to complete: | | | | | | | | | |
| This study credit transfer application is | | | | | | | | | |
| <input type="checkbox"/> Approved | | | | | <input type="checkbox"/> Not approved. | | | | |
| Approval is based on: | | | | | Reason for not approving study credit transfer: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Applicant has been advised of the result and the reason. | | | | | | Yes | | No | |
| Date applicant was advised | | | / / | | Applicant advised by | | | <input type="checkbox"/> Telephone <input type="checkbox"/> Email | |
| Program Manager full name | | | | | | | | | |
| Program Manager signature | | | | | | | | | |
| Date signed | | | | | | | | | |
| Clinical Educator to complete for approved study credit transfer: | | | | | | | | | |
| Applicant registered on the LMS | | | | | <input type="checkbox"/> Yes | | | | |
| Applicant enrolled in 10881NAT | | | | | <input type="checkbox"/> Yes | | | | |
| Statement of attainment, by credit transfer, issued | | | | | <input type="checkbox"/> Yes | | | | |
| Clinical Educator full name | | | | | | | | | |
| Clinical Educator signature | | | | | | | | | |
| Date signed | | | | | | | | | |