# RTO Credit Transfer Application Form

## Introduction

Credit Transfer is the process that obligates Music SA to formally recognise any AQF certification that an individual has previously completed with another Registered Training Organisation. Credit Transfer may only be awarded for Units of Competency that are the same as (or deemed equivalent to) those comprising the qualification for which you are seeking credit.

As a Registered Training Organisation, Music SA is required under the Standards for Registered Training Organisations (RTOs) 2015 to make Credit Transfer available to all individuals at the time of enrolment. All individuals who wish to apply for Credit Transfer for Units of Competency comprising courses on Music SA’s Scope of Registration must complete this Application Form and submit it to:

Gareth Wilkes
Music SA Business Manager
St Pauls Creative Centre, 200 Pulteney Street, Adelaide SA 5000
T: (08) 7320 3313
E: gareth@musicsa.com.au

For more information about Credit Transfer please refer to the Music SA RTO Credit Transfer Policy and Procedure available on the RTO portal of the Music SA website.

## applicant details

| Surname: |  | First Name: |  |
| --- | --- | --- | --- |
| Title: (Mr/Mrs/Ms/Miss) |  | Date of Birth: |  |
| Residential Address: |  |
| Postal Address: (Tick if same as Residential Address) | □ |
| Contact Phone No.: |  |
| Contact Email: |  |
| Unique Student Identifier (if known): |  |
| Preferred Method and Days/Times to Contact: |  |

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## credit transfer application details

Please complete all sections of the table below.

| Title/Code of Units of Competency for which Credit Transfer is being sought: |  |
| --- | --- |
| Signature: |  | Date: |  |

## verfication/sign-off (office use only)

| Date Application Form Received:  |  | Received By: |  |
| --- | --- | --- | --- |
| Confirmation of Receipt of Application Sent: | Yes/No | Date: |  |
| Name of Appointed Credit Transfer Officer: |  |
| Details of Methods Used by Credit Transfer Officer to Authenticate/Verify Credit Transfer Documentation: |  |
| Title/Code of Units of Competency for which Credit Transfer is granted: |  |
| Applicant Informed of Credit Transfer Outcome(s) in Writing: | Yes/No | Date: |  |
| Signature of Credit Transfer Officer: |  | Date: |  |
| Date Credit Transfer Information Entered into Student Management System:  |  | Entered By: |  |
| Copies of Credit Transfer Documentation Stored in Student’s File: | Yes/No | Filed By: |  |