

**APPLICATION FORM FOR
NATIONAL RECOGNITION**



STUDENT DETAILS		
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>	Family Name:	Given Name/s:
Address:	Suburb/Town: State:	Post Code:
Postal Address: (PO Box)	Suburb/Town: State:	Post Code:
Email Address:		Date of Birth: / / (dd/mm/yyyy)
Home Phone: (incl area code)		Mobile Number:
Work Phone: (inc area code)		Fax: (inc area code)

APPLICATION PROCESS

By signing and submitting this form, you are stating that you have read, understand in full and agree with the terms of the National Recognition Policy and Procedure, a copy of which is available on the Evolve College website.

Which course or parts thereof are you seeking National Recognition for?

Qualification Code: Title:
.....

[List the units you are applying for below]

List the units you are applying for National Recognition for in the table below (Add more sheets if needed):

UNIT CODE	UNIT TITLE

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List the Supporting Evidence below (and attach all supporting evidence):

EVIDENCE/SUPPORTING DOCUMENTS ATTACHED	Tick below
Certificate of qualification (testamur):	<input type="checkbox"/>
Statement of Attainment:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

DECLARATION

1. I declare that the information provided by me on this form and in all accompanying documents is to the best of my knowledge true and correct in every particular.
2. I acknowledge that I have read and understood the National Recognition Policy and Procedure and agree to abide by that policy.
3. I also understand, agree and consent that my personal information may be made available to Commonwealth and State agencies in connection with Evolve College registration and/or compliance audits as required by legislation or regulation.
4. I hereby declare that all details in this application are true and accurate.
5. I understand that incomplete documentary evidence will not be processed.
6. I do hereby certify that this application has been completed by me personally and that all evidence and supporting documents attached are authentic records pertaining to study and/or qualifications obtained by me.

Applicant Name: _____

Applicant Signature: _____

Date: ____ / ____ / _____

IMPORTANT

Please ensure you have attached all documentation in support of your application. If the evidence is incomplete or not compliant you will be advised by the Evolve College Student Services Team. An Evolve College Assessor will review your application and contact you with written advice of the outcome within 20 business days of the date of your application.

Privacy

Your privacy is very important to us; as such we have developed a Privacy Policy and Procedure (available on our website). The policy respects the privacy of staff, prospective staff, students, prospective students and employers by implementing the Australian Privacy Principles.

The Australian Privacy Principles (APPs) in the *Privacy Act 1988* (Cth), Schedule 1, set out how private sector organisations should collect, use, keep secure and disclose personal information. The principles give individuals a right to know what information an organisation holds about them and a right to correct that information if it is wrong.

We operate consistently with the Australian Privacy Principles and only collect the personal information that is necessary for the conduct of our business, and use that information in the manner for which it was intended.

OFFICE USE ONLY

Application received by:	
Date application received:	

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All evidence provided? [what is still required]	
Application approved:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Not Approved, state the reason why:
Signature of Evolve College Assessor:	Date: ___ / ___ / ___