

AEBF RPL/RCC Application Form

SECTION 1 – Personal details

Name:.....

Organisation:.....

Position:.....

Address:.....

Postcode:

Phone:.....Fax:.....

Mobile:Email:.....

SECTION 2 – Evidence (COMPULSORY)

Competency

Summary of evidence provided

Please supply evidence relating to each competency in the form of education and training, work related experiences and life experiences. Please attach copies of documents and /or references to the application form.

Module 1	
Module 2	
Module 3	
Module 4	
Module 5	
Module 6	
Module 7	
Module 8	

I declare that the evidence I have provided is a true and accurate record of my work and life experiences:

.....

Signature of applicant

.....

Date

Payment

Applicants must pay an RPL/RCC administration fee.

Amount payable: \$ 55.00

Cheque/money order enclosed payable to: Australian Eight Ball Federation

RPL/RCC Assessor Report Applicant's Name:.....

Competency	Evidence Supplied	Validity <i>(is the evidence relevant to the performance criteria?)</i>	Sufficiency <i>(is there enough evidence?)</i>	Authenticity <i>(is the evidence a true reflection of the candidate?)</i>	Current <i>(is the evidence recent? obtained within the last four years?)</i>	Comments
Module 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 5	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 6	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 7	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Module 8	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All competencies/learning outcomes met: (please tick)

YES NO (please provide advice to the applicant of what evidence they are still required to supply)

Name of Assessor:..... Date of assessment:.....

Position:..... Contact number:.....

Assessor's comments	Recommendations