AHETI
Transforming Aspirations into Australian Health Careers

Credit Transfer Form

Credit transfer (CT) refers to the procedure of granting credit for the achievement of specific units of competency (UoC) from another Registered Training Organisation (RTO) when they align with the units of competency in a subject or qualification offered by Australia Health Education and Training Institute (AHETI).

Please note that AHETI is not required to provide a certification that solely consists of units of competency completed at other RTOs.

Procedures for Applying for a Credit Transfer

1. Examine the course or subject outline for the program or certification you're interested in, which details the specific units of competency covered in each subject or course. If you've previously completed the same units of competency in your prior studies, you may qualify for credit.
2. Carefully review and fill out the Credit Transfer Form. Then, send it to support@aheti.com.au, accompanied by a certified copy of your qualification certificate or statement of attainment.
3. If your qualification was granted after January 1, 2015, you will need to grant permission for the verification of your qualification or unit of competency via www.usi.gov.au by following these steps:
    a. Log in to the student portal.
    b. Choose 'Provide Your USI.'
    c. Include Australia Health Education and Training Institute as an organisation.

AHETI
Transforming Aspirations into Australian Health Careers

Credit Transfer Form

STUDENT INFORMATION			
Family Name:			
Given Name(s):			
Date of Birth:		**USI Number:**	
Phone Number:		**Email:**	

CREDIT TRANSFER DETAIL	
Course Code:	
Course Name:	

Unit Code	**Unit Name**	**Issuing RTO / Institution**	**Date Achieved**	***Office Only***	
				Evidence Authenticated	***CT Granted***

AHETI
Transforming Aspirations into Australian Health Careers

PRIVACY NOTICE AND STUDENT DECLARATION

By providing my personal information to Australia Health Education and Training Institute (AHETI), I acknowledge that, unless required by law, AHETI will solely utilise this data for the purposes it was collected, which aligns with AHETI 's functions and activities associated with my enrollment. On some occasions, AHETI may be obligated to share information with government departments responsible for education and immigration policies and laws, as well as other government agencies (State, Territory, or Federal) or third parties for the retrieval of unpaid AHETI fees or other debts owed to AHETI. I grant my consent for such disclosures. Additionally, I comprehend that all information will be collected, stored, accessed, disseminated, or disposed of in accordance with privacy laws, records management, and other relevant regulations, as well as AHETI's policies.

I hereby declare:

- That all supporting documentation provided to Australia Health Education and Training Institute (AHETI) is an accurate and truthful representation of my education.
- I understand that Australia Health Education and Training Institute (AHETI) will take steps to verify the authenticity of my qualifications, including contacting the issuing RTO.
- I hold a copy of this application in its entirety including supporting documentation.
- I have not sent any original documentation but I have sent certified copies of originals.
- I will not hold Australia Health Education and Training Institute (AHETI) responsible for any lost or damaged documentation provided by me.
- I understand the documentation I have provided will not be returned.
- I have read and agree to abide by the relevant Australia Health Education and Training Institute (AHETI) policies.

Your signature below constitutes that the information provided to the best of your knowledge is true and correct, that you consent to the collection, use, and disclosure of your personal information in accordance with the Privacy Notice above, and that you understand the items listed in the student declaration.

Student Name:			
Student Signature:		**Date:**	

Submit this completed form with your certified transcripts to: support@aheti.com.au

AHETI
Transforming Aspirations into Australian Health Careers

ASSESSOR TO COMPLETE (tick the appropriate box below)	
☐	The transcript has been assessed, and the student qualifies for Credit Transfer for ALL the units listed above.
☐	The transcript has been evaluated, and the student is eligible for Credit Transfer for a PORTION of the listed unit/s, with an explanation provided below.
☐	The transcript has been examined, and the student is INELIGIBLE for Credit Transfer. The reason for this decision is explained below.
If the student does not meet the criteria for unit/s to be acknowledged for Credit Transfer, kindly provide the reasons in the space below.	

CHECKLIST	
☐	The qualified unit/s have been recorded in the Student Management System for Credit Transfer.
☐	The student has received written notification regarding the Credit Transfer decision.
☐	The outcome has been communicated to the pertinent training and administrative personnel.

Assessor Name:			
Assessor Signature:		Date:	