

Application for Recognition of Prior Learning



Applicant Name	
Address	
Email address	
Phone	

I wish to apply for RPL in the following courses:

- | | | | |
|--|--------------------------|--|--------------------------|
| 1EE - English Essentials | <input type="checkbox"/> | 3GUMED - GU/Male Reproductive | <input type="checkbox"/> |
| 1MSW - Microsoft Word | <input type="checkbox"/> | 3GUMEDTX - GU/Male Reproductive transcription | <input type="checkbox"/> |
| 1WB - Medical Word Building | <input type="checkbox"/> | 3GMED – Gastrointestinal | <input type="checkbox"/> |
| 1PQGS - Production, Quality & Goal Setting | <input type="checkbox"/> | 3GMEDTX - Gastrointestinal transcription | <input type="checkbox"/> |
| 1Prof - Professionalism Block 1 | <input type="checkbox"/> | 3Prof - Professionalism Block 3 | <input type="checkbox"/> |
| 2GD - General Documentation | <input type="checkbox"/> | 4ATXII - - Additional Transcription II | <input type="checkbox"/> |
| 2PLMED - Pharmacology and Laboratory | <input type="checkbox"/> | 4OASSMED - Ophthalmology, Audiology and Special Senses | <input type="checkbox"/> |
| 2LMEDTX - Laboratory Systems transcription | <input type="checkbox"/> | 4OASSMEDTX - Ophthalmology, Audiology and Special Senses transcription | <input type="checkbox"/> |
| 2HMED – Hematology | <input type="checkbox"/> | 4DMED - Dermatology | <input type="checkbox"/> |
| 2HMEDTX - Hematology transcription | <input type="checkbox"/> | 4DMEDTX - Dermatology transcription | <input type="checkbox"/> |
| 2LMED - Lymphatic Systems | <input type="checkbox"/> | 4EMED - Endocrinology | <input type="checkbox"/> |
| 2CMED - Cardiology | <input type="checkbox"/> | 4EMEDTX - Endocrinology transcription | <input type="checkbox"/> |
| 2CMEDTX - Cardiology transcription | <input type="checkbox"/> | 4GMED - Geriatrics | <input type="checkbox"/> |
| 2RMED - Respiratory | <input type="checkbox"/> | 4GMEDTX - Geriatrics transcription | <input type="checkbox"/> |
| 2RMEDTX - - Respiratory transcription | <input type="checkbox"/> | 4PMED – Pediatrics | <input type="checkbox"/> |
| 2Prof - Professionalism Block 2 | <input type="checkbox"/> | 4PMEDTX - Pediatrics transcription | <input type="checkbox"/> |
| 3ATXI - Additional Transcription I | <input type="checkbox"/> | 4Prof - Professionalism Block 4 | <input type="checkbox"/> |
| 3NMED - Neurology | <input type="checkbox"/> | 5ATXIII - Additional Transcription III | <input type="checkbox"/> |
| 3NMEDTX - Neurology transcription | <input type="checkbox"/> | 5PMED - Psychiatry | <input type="checkbox"/> |
| 3OBMED - OB/GYN | <input type="checkbox"/> | 5PMEDTX - Psychiatry transcription | <input type="checkbox"/> |
| 3OBMEDTX - OB/GYN transcription | <input type="checkbox"/> | 5OPMED - Oncology/Pathology | <input type="checkbox"/> |

50PMEDTX - Oncology / Pathology transcription	<input type="checkbox"/>	Course: 6RNMED - Radiology and Nuclear Medicine	<input type="checkbox"/>
5EMMED - Emergency Medicine	<input type="checkbox"/>		
5EMMEDTX - Emergency Medicine transcription	<input type="checkbox"/>	Course: 6RNMEDTX - Radiology and Nuclear Medicine transcription	<input type="checkbox"/>
5GNMED - Genetics	<input type="checkbox"/>		
5GNMEDTX - Genetics transcription	<input type="checkbox"/>	Course: 6GSMED – General Surgical Procedures	<input type="checkbox"/>
5IMED - Infectious Diseases	<input type="checkbox"/>	Course: 6GSMED - General Surgical Procedures transcription	<input type="checkbox"/>
5IMEDTX - Infectious Diseases transcription	<input type="checkbox"/>	Course: 6OMED - Orthopaedics	<input type="checkbox"/>
5Prof - Professionalism Block 5	<input type="checkbox"/>	Course: 6OMEDTX - Orthopaedics transcription	<input type="checkbox"/>
Course: 6ATXIV - Additional Transcription IV	<input type="checkbox"/>	Course: 6Prof – Professionalism Block 6	<input type="checkbox"/>

The following has been included:

- Academic transcript from programme or qualifications already completed
- A completed CV with details of employment and experience to date, if applicable
- Attestations from employers to verify experience, knowledge and competency, if applicable
- Non-refundable application fee \$175 plus GST. The application fee can be direct credited to 03-0435-0606933-00, Westpac Bank, Tauranga. Name of Account: Sue's Unlimited Limited (A further fee of \$87.50 plus GST per hour will be charged for academic staff to assess the application. This will be payable upon completion of assessment prior to the course start date. The fee to assess RPL cannot be funded with a student loan.)
- Additional comments / supporting data

Signature of Applicant: _____ Date: _____

Please email the application and supporting documents to: sue@computertraining.co.nz

Office Use Only:

Outcome:

Application accepted / declined for the following courses:

1EE	<input type="checkbox"/>	1MSW	<input type="checkbox"/>	1WB	<input type="checkbox"/>	1PQGS	<input type="checkbox"/>	1Prof	<input type="checkbox"/>
2GD	<input type="checkbox"/>	2PLMED	<input type="checkbox"/>	2LMEDTX	<input type="checkbox"/>	2HMED	<input type="checkbox"/>	2HMEDTX	<input type="checkbox"/>
2LMED	<input type="checkbox"/>	2CMED	<input type="checkbox"/>	2CMEDTX	<input type="checkbox"/>	2RMED	<input type="checkbox"/>	2RMEDTX	<input type="checkbox"/>
2Prof	<input type="checkbox"/>								
3ATXI	<input type="checkbox"/>	3NMED	<input type="checkbox"/>	3NMEDTX -	<input type="checkbox"/>	3OBMED	<input type="checkbox"/>	3OBMEDTX	<input type="checkbox"/>
3GUMED	<input type="checkbox"/>	3GUMEDTX	<input type="checkbox"/>	3GMED	<input type="checkbox"/>	3GMEDTX	<input type="checkbox"/>	3Prof	<input type="checkbox"/>
4ATXII	<input type="checkbox"/>	4OASSMED	<input type="checkbox"/>	4OASSMEDTX	<input type="checkbox"/>	4DMED	<input type="checkbox"/>		<input type="checkbox"/>
4DMEDTX-	<input type="checkbox"/>	4EMED	<input type="checkbox"/>	4EMEDTX	<input type="checkbox"/>	4GMED	<input type="checkbox"/>	4GMEDTX	<input type="checkbox"/>
4PMED	<input type="checkbox"/>	4PMEDTX	<input type="checkbox"/>	4Prof	<input type="checkbox"/>				
5ATXIII	<input type="checkbox"/>	5PMED	<input type="checkbox"/>	5PMEDTX	<input type="checkbox"/>	5OPMED	<input type="checkbox"/>	5OPMEDTX	<input type="checkbox"/>
5EMMED	<input type="checkbox"/>	5EMMEDTX	<input type="checkbox"/>	5GNMED	<input type="checkbox"/>	5GNMEDTX	<input type="checkbox"/>	5IMED	<input type="checkbox"/>
5IMEDTX	<input type="checkbox"/>	5Prof	<input type="checkbox"/>						
6ATXIV	<input type="checkbox"/>	6RNMED	<input type="checkbox"/>	6RNMEDTX	<input type="checkbox"/>	6GSMED	<input type="checkbox"/>	6GSMED	<input type="checkbox"/>
6OMED	<input type="checkbox"/>	6OMEDTX	<input type="checkbox"/>	6Prof	<input type="checkbox"/>				

Applicant advised: Date _____

RPL application and evidence documents files in student file

Payment:

Non-refundable application fee paid Date: _____ Amount: _____

RPL assessment fee paid Date: _____ Amount: _____

Programme tuition fee reduced by Date: _____ Amount: _____

EduCate Plus:

RPL status entered for courses approved

Change and set Funding field to **ZZ – Other No SDR**