

National Recognition Application Form (F3)

For the application of national recognition by a student



PLEASE READ CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT

Purpose of this form

This form should be used when a student wishes to submit a request for national recognition of units undertaken through previous study. Supporting documentation will be required to substantiate the request.

Instructions

Please ensure you have read the form entirely before completing. Requests will not be actioned unless this form is completed as required. If this form is incomplete when submitted to us, it will not be returned to you. When submitting, please ensure you provide us with the original copy.

- Please use black or blue pen
- Print clearly in block letters

If you require assistance in completing this form, please contact us at support@foodsafety.com.au or by calling 1300 797 020

Lodgement

Once you have completed this form, please return via email at support@foodsafety.com.au or by mail to:

AUSTRALIAN INSTITUTE OF FOOD SAFETY
GPO BOX 436
BRISBANE, QUEENSLAND
AUSTRALIA, 4001

Your Privacy

Your personal information is protected by law. The Australian Institute of Food Safety collects and stores the personal information of our students and customers for the purpose of delivering vocational education and training.

Any data collected by the Australian Institute of Food Safety complies with the Privacy Act 1988 (Commonwealth).

APPLICATION FOR NATIONAL RECOGNITION

This form is to be used by prospective and current students when applying for a national recognition for study previously undertaken. This application is for the current course you are applying to or are currently enrolled in. You will need to submit a new form for each course that you wish to apply for. When applying, an original or certified copy of your academic results for each unit you have previously completed will be required. If approved you will receive written notification regarding the outcome of your application. Applicants should enrol in units with the assumption that approval has not been granted until notified otherwise.

1. PERSONAL INFORMATION

FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
STUDENT ID	<input type="text"/>
STREET ADDRESS 1	<input type="text"/>
STREET ADDRESS 2	<input type="text"/>
SUBURB/CITY	<input type="text"/>
STATE	<input type="text"/>
POSTCODE	<input type="text"/>
HOME PHONE	<input type="text"/>
MOBILE PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

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2. UNIT OF COMPETENCY INFORMATION

UNIT CODE																			
UNIT NAME																			
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3. SUPPORTING EVIDENCE

Supporting evidence is required before processing your application. Please provide transcripts of your results or Statements of Attainment as well as any other relevant documentation necessary to support your request:

- Verified copies of your Qualifications and/or Statements of Attainment
- Documents to verify equivalence

4. STUDENT DECLARATION

I have submitted the necessary official original or certified documentary evidence in support of my claim.

I hereby certify that the information provided in this application is true and correct and I authorise the Australian Institute of Food Safety to obtain verification of any Statements of Attainment or documents included as part of this application and to reproduce any attachments provided with this form for administrative purposes only.

I understand that it is my responsibility to provide all necessary documentary evidence of my qualifications and I declare that the official records provided are true and correct. I also understand that an applicant who provides inaccurate, incomplete, fraudulent or misleading academic records may have their application returned and no national recognition awarded.

DATE

D	D	/	M	M	/	Y	Y	Y	Y
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SIGNATURE