

# APPLICATION FOR RECOGNITION OF PRIOR LEARNING - Part A

## RPL Process - For Certificate IV in Small Animal Smart Bowen Therapy

Please forward your completed application to Smart Bowen Pty Ltd, (Smart Bowen or SBT) and allow 28 days for processing.

**What is it?** Recognition for prior learning (RPL) examines the skills and knowledge you have developed over a period of time.

**Work Experience:** What you have learned on the job, informal training.

**Life experience:** What you have learned from family responsibilities, community involvement, hobbies and volunteer work etc.

### How does it work?

The RPL system has three distinct phases:

1. Request	2. Assessment	3. Feedback
<ul style="list-style-type: none"><li>• Submit application form and evidence against the learning outcomes including documented evidence</li><li>• You may be asked to provide further information</li></ul>	<ul style="list-style-type: none"><li>• Your submission is evaluated</li><li>• Interview may be required</li><li>• Decision (Grant/deny/ Further information required)</li></ul>	<ul style="list-style-type: none"><li>• Notification to applicant (if Grant/denied/Further information required)</li></ul>

### Assessment

The Assessment of the applicants application for RPL is considered by the directors of Smart Bowen Therapy.

The objectives of the assessment are to:

- Examine the evidence submitted;
- Compare the evidence with the learning outcomes/competencies for the course for which you are seeking credit, and;
- If denied, provide you with information as to why the request was denied and/or what additional information is to be provided.

**NOTE:** Sometimes you may be requested to complete a task to demonstrate your understanding in an area.

### Personal Particulars

Surname: \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Telephone Number A/H \_\_\_\_\_ Bus/H \_\_\_\_\_

Course Enrolled in \_\_\_\_\_

Current Student     New Student    Student Number \_\_\_\_\_

**Credit sought for** (Unit of study): *Please tick appropriate boxes to indicate units you wish to RPL*

HLTFA301B Apply First Aid

HLTIN301A Comply with the infection control policies and procedures in health work

HLTCOM406B Administer a practice

HLTCOM6A Make referrals to other health care professionals when appropriate

RUV1101A Prepare for animal care work

RUV2107A Provide basic first aid for animals  **Continued PTO**

RUV2102A Follow OHS procedures in an animal care environment

RUV3503A Work effectively in the companion animal industry

**Bowen Therapy Specialization Units**

VPAU210 Apply the principles of basic anatomy & physiology to dogs and other small animals

VPAU211 Work within a Small Animal Bowen Therapy framework

VPAU212 Provide the Small Animal Bowen Therapy health assessment

VPAU213 Plan the Small Animal Bowen Therapy treatment strategy

VPAU214 Provide the Small Animal Bowen Therapy treatments

**Credit is sought on the basis of:**

Work Experience

Life Experience

Formal Training

Date Completed \_\_\_\_\_ Qualification \_\_\_\_\_

**Evidence Attached:**

Completed Evidence Against Learning Outcomes document with supporting materials

**List attachments -**

***Please number them to align attachments with Units of competency numbers.***

# ACTION CHECKLIST - RPL PROCESS

OFFICE USE ONLY

## Smart Bowen Office Staff to complete:

Student Name: \_\_\_\_\_ Student No \_\_\_\_\_

Application Received (Date) \_\_\_\_\_ Database entry \_\_\_\_\_

Evidence against competencies received

Application Suitable for further assessment  Yes  No Date \_\_\_\_\_

Further information requested  Yes  No Date \_\_\_\_\_

### **Assessor to complete:**

**Outcome:**  Granted  Denied

Further information required  Yes  No

Interview arranged  Yes  No

Supplementary assessment agreed (if applicable)  Yes  No

Supplementary Lecturer Review/Assessment (if applicable)  Yes  No

Explanation of determination to include in letter to student:

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Signature (Assessor) \_\_\_\_\_ Date \_\_\_\_\_

### **Assessment completed by;**

Name \_\_\_\_\_ Position \_\_\_\_\_

Position in Smart Bowen Pty Ltd \_\_\_\_\_

**Assessment Verdict:** Granted  Denied  Interview requested

Practical Assessment Required  Theory Assessment Required

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Office staff to complete:**

Result recorded on Database (if applicable)  Yes  No Date \_\_\_\_\_

Letter mailed out to applicant  Yes  No Date \_\_\_\_\_

Letter Emailed to applicant  Yes  No Date \_\_\_\_\_

STATUTORY DECLARATION

(1) Here insert name, address and occupation of person making the declaration.

I (1) ,

do solemnly and sincerely declare (2)

(2) Here insert matter declared to. Where the matter is long, add the words 'as follows' and then set the matter out in numbered paragraphs.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(3) Signature of person making the declaration.

(3)

Declared at .....

on....., 20.....

(4) Signature of person before whom the declaration is made.

before me,

(4)

(5) Here insert printed name, qualification and address of person before whom the declaration is made.

(5)

NOTE 1.- A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 as amended is guilty of an offence against that Act, the punishment for which is imprisonment for a term of four years

