

APPLICATION FOR RECOGNITION OF PRIOR LEARNING FORM

Please print clearly

Family Name: _____

Given Names: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Email address:

Applicant’s Signature: _____ Date: _____

Please Tick the units you wish to apply for recognition status

Compulsory Units

- CHCAC1C Provide support to an older person
- CHCAC2C Provide personal care
- CHCAC3C Orientation to Aged Care Work
- CHCAC6C Support the older person to meet their emotional and psychosocial needs
- CHCAC15A Provide care support which is responsive to the specific nature of dementia
- CHCCOM2B Communicate appropriately with clients and colleagues
- CHCINF8B Comply with the information requirements of the aged care and community care sectors
- CHCOHS302A Participate in safety procedures for direct care work
- CHCORG3B Participate in work environment

Elective Units (4 required)

- CHCAD1C Advocate for clients
- CHCDIS1C Orientation to disability work
- CHCCS303A Provide physical assistance with medication
- CHCAC4B Assist in the provision of an appropriate environment
- HLTFA1A Apply basic first aid
- CHCHC301B Work effectively in a home and community environment
- CHCCS301A Work in a legal and ethical framework
- CHCCS405A Work effectively with culturally diverse clients and co-workers
- CHCORG22A Contribute to service delivery