



## Australian Energy School of Chiron (AESC)

1002 Lydiard Street North

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### RECOGNITION of PRIOR LEARNING - APPLICATION FORM

Applications for Recognition of Prior Learning (RPL) may only be made on this form. Both pages of this form must be completed and all documentation supporting this application must be attached.

RPL applications are considered on an individual basis and processed by the AESC Committee. Industry experience will be given consideration, based on how relevant, recent and extensive the experience. The AESC decision is final.

Once the RPL process has been completed you will receive notification of the outcome. Successful applicants will receive a certificate to show the subject(s) and credit hours.

Upon consideration, your application will fall into one of the following four categories:

1. **Full Recognition** – full credit hours given for the course. No further study or assessment required.
2. **Partial Recognition** – credit given for part of the course hours. Further studies required to complete hours.
3. **Assessment required** - may be in the form of written assignment, written or oral exam, practical demonstration or a combination of the above. A fee of \$40 AUD is incurred for each subject assessed and must be paid prior to taking the assessment. This fee covers individual preparation and marking of each assessment.
4. **Unsuccessful recognition / assessment** - enrolment in subject is required.

### PERSONAL DETAILS *(all applicants must complete)*

Name in full: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Gender (to answer is optional):  Male  Female

Telephone (B/H): ( ) \_\_\_\_\_ Telephone (A/H): ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Membership Category: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
Associate / Non- Professional / Professional or N/A

**Claims for RPL will not be considered unless supported with relevant academic documentation and submitted with this request. Documents must be certified to the effect that "This is a true copy of the original" by an authorized person\* (see below). You must also include name of educational institution, relevant course outlines, subject descriptions, official results transcript and /or industry experience.**

\* Documents may be certified by:

- a qualified **IACHI Teacher Member**, or
- a **Justice of the Peace, Commissioner of Oaths, a Pharmacist, Police Officer or M.D.**
- **Australia Post retail outlets.**

**Please LIST the course subjects you wish to have considered for RPL**

If insufficient space, please use another page, attach it to your application and tick the box below:

Please tick one: **Separate page attached**       **Yes**       **No**

*Please print clearly in English*

<b>Office Use Only</b>	<b>CHIRON HEALING® COURSE SUBJECT</b>	<b>INSTITUTION</b>	<b>LOCATION (City, Country)</b>	<b>DATE Completed</b>	<b>NO. of HOURS</b>	<b>Gov't Accredited Y/N - RTO*</b>
	<i>Example. Practice Management</i>	<i>TAFE</i>	<i>Melbourne, VIC Australia</i>	<i>30 June 2003</i>	<i>35</i>	<i>Yes RTO</i>
	<i>Example. Practice Administration - (HLTCOM1A &amp; HLTCOM5A)</i>	<i>TAFE</i>	<i>Melbourne, VIC Australia</i>	<i>30 June 2005</i>	<i>80</i>	<i>Yes RTO</i>

\*RTO - Registered Training Organisation approved to deliver applicable subjects / courses in Australia.

**Are you applying for RPL based on previous industry experience?**     **Yes**     **No**

**If yes, please list subjects you wish to have considered, and give full details of experience** (dates, training, employment, level of responsibility, etc.) and anything else to support your claim.

<b>Office Use Only</b>	<b>CHIRON HEALING® COURSE SUBJECT</b>	<b>EXPERIENCE</b>
	<i>Example. Practice Management</i>	

**Please return completed form to AESC, 1002 Lydiard Street North, Ballarat 3350 Victoria Australia**  
e-mail: [aesc@iachi.com](mailto:aesc@iachi.com)