

## HEFOR01F Bachelor of Human and Community Services Block Credit Application Form

### Applicable Course: Diploma of Nursing (SCEI)

1. Applicants are advised to read the **HEPP67 Unit Credit Policy and Procedure** prior to filling in this form.
2. Sections A to D must be completed.
3. Confirm the units that you would like to receive Credit by clicking on "Yes" in Section C of this document.
4. Attach certified copies of all academic transcripts and qualifications.
5. Attach relevant subject outlines (HE qualifications only).
6. Credits cannot be granted for "Credit Transfer" or "RPL" results. Original and certified course information and results must be provided.
7. Applications are assessed on a case-by-case basis and take into consideration:
  - The AQF level of the course completed.
  - The relevance of the prior learning to the course applied for.
  - No fees apply to review academic credit applications.

Students will be advised of the outcome of their application within 14 days of their application being received by Student Administration.

#### SECTION A – PERSONAL DETAILS

First Name	
Last Name	
Date of Birth	
SCEI-HE Student ID (if applicable)	
SCEI-HE Course	Bachelor of Human and Community Services

#### SECTION B – PREVIOUS STUDY / PRIOR LEARNING

Name of Institution	
Course Name and Course Code	
Year Study Completed	
Relevant Work Experience (if applicable)	



SECTION C – BLOCKED CREDIT ALLOWED		OFFICE USE ONLY	
Maximum Number of Allowed Credits – 8 Units		Approved	
HCS103 Ethical and Professional Practice in Community Work	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HCS108 Introduction to Diversity	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### SECTION D – APPLICANT DECLARATION

- ☐ I declare that the information provided is accurate and complete. SCEI-HE has the right to verify my documents by contacting the issuing provider.
- ☐ I have attached all relevant supporting documents.
- ☐ I understand and fully agree with that any block credit granted may reduce the duration of my course, and this may have implications on my Visa status.
- ☐ I understand and fully agree with that any block credit granted may have an impact on future membership to relevant professional bodies.

Applicant Name:

Applicant Signature:

Date:



OFFICE USE ONLY	
SECTION E – COURSE DURATION	
Has the course duration been affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCEI-HE Course start date	
SCEI-HE Course end date	
Comments	

OFFICE USE ONLY	
SECTION F – FINAL APPROVAL	
Academic Director Name:	
Academic Director Signature:	Date: