



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

### 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 – 2 Units | Approved                                                 |
| HCS102 Professional Communication Skills    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HCS108 Introduction to Diversity            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| SECTION D – APPLICANT DECLARATION                                                                                                                                                |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> I declare that the information provided is accurate and complete. SCEI-HE has the right to verify my documents by contacting the issuing provider.      |       |
| <input type="checkbox"/> I have attached all relevant supporting documents.                                                                                                      |       |
| <input type="checkbox"/> 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. |       |
| <input type="checkbox"/> 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: |