Evolution Hospitality Institute
Level 4, 552 George Street Sydney NSW 2000
Ph: 02 8275 5300 web: www.evolution.edu.au
ABN 73 114 531 636
RTO Provider No: 91256 CRICOS Code: 02869G

Application for Recognition of Prior Learning (RPL)

OFFICE USE ONLY
Received by: _____
Signature: _____
Payment received: _____
Supporting evidence provided:
YES ☐ NO ☐ D
ate: ____ / ____ / _____

APPLICANT DETAILS

Surname:		**Date of Birth**	
Given Names		**Student Number (if applicable)**	
Home Address			
Suburb/Town		**Post Code**	
Mailing Address (if different to home address			
Phone		**Mobile**	
Email Address			
Are you an Australian resident or citizen?		Yes No	
If yes to previous question:			
Are you an apprentice?	YES ◯ NO ◯	**Are you a Trainee?**	YES ◯ NO ◯

QUALIFICATION APPLYING FOR *(please tick)*

Certificate III in Hospitality SIT30713	◯
Certificate III in Commercial Cookery SIT30813	◯
Certificate III in Patisserie SIT31113	◯
Certificate IV in Hospitality SIT40313	◯
Diploma of Hospitality SIT50313	◯
Advanced Diploma of Hospitality SIT60313	◯

EMPLOYMENT DETAILS / HISTORY

Please include a current copy of your resume with your application

Employer 1 (most recent)			
Name of Employer		**Period of Employment**	
Duties and responsibilities			
Referee Name and Position		**Referee phone number**	
Referee email address			

Employer 2			
Name of Employer		**Period of Employment**	
Duties and responsibilities			
Referee Name and Position		**Referee phone number**	
Referee email address			

EDUCATION AND TRAINING DETAILS

Please ensure you include CERTIFIED COPIES of all qualifications, statements of attainment and academic transcripts with your application

Training Organisation 1 (most recent)	
Name of organisation	
Date training completed	
Type of training / qualification	
License / permit number (if applicable)	

Training Organisation 2	
Name of organisation	
Date training completed	
Type of training / qualification	
License / permit number (if applicable)	

Declaration

I declare that the information contained in this application is true and correct and that copies of documents relating to licenses, permits or training are certified as true copies. I agree to undertake an assessment of my skills with Evolution Hospitality Institute. I hereby agree to pay the fees due, and understand that the full invoice will be payable by the date stated on that invoice. Should I default, the full debt will be payable on demand and additional legal charges and collection charges may be incurred. I agree and understand that any referees I have provided may be contacted by Evolution Hospitality Institute.

Applicant Signature: _____ **Date** ____/____/____

Submitting your application

Send your completed application and any supporting documentation to:
Email: enrol@evolution.edu.au

By Post or Person:
Level 4, 552 George Street
Sydney NSW 2000

NOTE:
When submitting your application you will be required to pay the application/initial interview fee of $150.00*. Your application and supporting documents will be reviewed and you will be then required to attend an RPL interview.

**application fee for RPL is non-refundable*

For more information relating to fees and RPL associated costs contact Evolution Hospitality Institute on (+612) 8275 5300

Initial Interview Details	*(to be completed by interviewer during initial competency interview attach additional sheets if required)*
RPL Process discussed with candidate	YES ◯ NO ◯
Understanding of Hygiene	
Understanding of WH&S	
Demonstrated knowledge of industry sector	
Communication / Teamwork principles	
Conflict management / resolution / human resources	
Finance / Marketing / Product & service development	
Candidate Suitable for RPL	YES ◯ NO ◯
If Yes:	
Registration payment made and RPL Pack supplied	YES ◯ NO ◯