

RPL Form

Diploma of Remedial Massage HLT52015

Please read the information below and complete all sections of this form.

Recognition of Prior Learning (RPL)

Do you have prior qualifications and/or experience gained through years of work in skilled and challenging jobs? Gaining recognition of these skills is sometimes not easy and can hold you back in progressing your career to the next step. If this is your situation, you can unlock your full potential by having your skills recognised by ACFB!

All applications for RPL are considered by ACFB's Course Coordinator and NO claims for RPL will be considered unless accompanied by the relevant documentation outlined below.

How does the RPL process work?

RPL application may take between 10-21 business days to process from when we receive your forms and evidence. We will then map out your RPL, and email you with details of:

- any RPL you may be entitled to,
- any further evidence we may require (this may also include practical demonstrations)

- any units you may still have to complete
- the amended course price (which will include the RPL) fee.

You must then approve your RPL if you wish to continue to enrolment. Please note: All RPL applications will be processed and finalised PRIOR to your enrolment being approved.

Getting Started

To apply for Recognition of Prior Learning (RPL) / Recognition of Current Competency (RCC) follow the instructions below. All forms are available on the RPL Page of our website.

- Step 1. Download, complete and send in this RPL Instruction form.
- Step 2. We will then email you all applicable Unit of Competency RPL forms you have indicated you would like to apply for RPL
- Step 3. Attached all relevant evidence as indicated on the Course RPL Instruction form
- Step 4. Submit all above forms and evidence via: admin@acfb.edu.au or mail: Suite 4/333 Mitcham Rd, Mitcham, Victoria, 3132 to: Att: RPL Application

Title	First Name	Surname	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Phone Number (Home)		Phone Number (Mobile)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Address	City/ Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Course Intake Date	I have attached my Academic Transcripts and supporting evidence		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Select the units you wish to gain Recognition for:

In the area below, please select each unit you would like to apply for Recognition of Prior Learning (RPL) and then download the applicable RPL Form from our website and attach it to your application.

Select	Unit Code	Unit Title	Select	Unit Code	Unit Title
<input type="checkbox"/>	BSBSMB403	Market the small business	<input type="checkbox"/>	HLTMSG001	Develop massage practice
<input type="checkbox"/>	CHCCOM006	Establish and manage client relationships	<input type="checkbox"/>	HLTMSG002	Assess client massage needs
<input type="checkbox"/>	CHCDIV001	Work with diverse people	<input type="checkbox"/>	HLTMSG003	Perform remedial massage musculoskeletal assessments
<input type="checkbox"/>	CHCLEG003	Manage legal and ethical compliance	<input type="checkbox"/>	HLTMSG004	Provide massage treatment
<input type="checkbox"/>	CHCPRP003	Reflect on and improve own professional practice	<input type="checkbox"/>	HLTMSG005	Provide remedial massage treatments
<input type="checkbox"/>	CHCPRP005	Engage with health professionals and the health system	<input type="checkbox"/>	HLTMSG006	Adapt remedial massage practice to meet specific needs
<input type="checkbox"/>	HLTAAP003	Analyse and respond to client health information	<input type="checkbox"/>	HLTMSG007	Adapt remedial massage practice for athletes
<input type="checkbox"/>	HLTAID003	Provide first aid	<input type="checkbox"/>	HLTMSG008	Monitor and evaluate remedial massage treatments
<input type="checkbox"/>	HLTREF002	Provide reflexology for relaxation	<input type="checkbox"/>	HLTAAP002	Confirm physical health status
<input type="checkbox"/>	HLTINF004	Manage the control of infection	<input type="checkbox"/>	SISFFIT031	Implement injury prevention strategies
<input type="checkbox"/>	HLTWHS004	Manage work health and safety			

Previous Qualifications

In the area below, please list all relevant qualifications that you feel would assist you in your claim for RPL.

Previous Experience

In the area below, please list all relevant experience that you feel would assist you in your claim for RPL.