

**RPL Assessment Matrix**

ⓘ NOTE: You must complete a separate assessment matrix for each unit of competency for which you seek recognition. Attach additional pages to each form if necessary


<b>Student (Applicant) Name:</b>	Given Name(s):	Family Name:	<b>Student Number:</b>	
<b>Qualification:</b>		<b>Unit of Competency:</b>		

Elements & Performance Criteria	How have you done this?	Evidence to Support This	Location of the Evidence

**RPL Assessment Matrix (cont'd)**

<b>Student (Applicant) Name:</b>	Given Name(s):	Family Name:	<b>Student Number:</b>	
<b>Qualification:</b>		<b>Unit of Competency:</b>		

<b>Elements &amp; Performance Criteria</b>	<b>How have you done this?</b>	<b>Evidence to Support This</b>	<b>Location of the Evidence</b>
<b>Knowledge evidence</b>	<b>How have you done this?</b>	<b>Evidence to Support This</b>	<b>Location of the Evidence</b>
<b>Performance evidence</b>	<b>How have you done this?</b>	<b>Evidence to Support This</b>	<b>Location of the Evidence</b>



 Collarts Use Only:

### RTO Application for RPL

<b>Student (Applicant) Name:</b>	<b>Given Name(s):</b>	<b>Family Name:</b>	<b>Student Number:</b>
<b>Qualification:</b>		<b>Unit of Competency:</b>	

<input type="checkbox"/> <b>Application as submitted Approved</b> Assessor Notes (if applicable):          	<input type="checkbox"/> <b>Application as submitted Not Approved</b> Assessor Recommendations:          
<input type="checkbox"/> Date Approved :	<input type="checkbox"/> Date Denied :

<input type="checkbox"/> Written 'Approval Notification' sent	<input type="checkbox"/> Date Sent:	<input type="checkbox"/> Written 'RPL Assessment Report' sent	<input type="checkbox"/> Date Sent:
<input type="checkbox"/> Scanned and Saved to File	<input type="checkbox"/> Date Saved:	<input type="checkbox"/> Scanned and Saved to File	<input type="checkbox"/> Date Saved :
Any Comments:	Any Comments:		

 <b>Signature of Assessor:</b>	<b>Print Name of Assessor:</b>	<b>Date Signed (dd/mm/yyyy):</b>
 <b>Final signature on behalf of Collarts:</b>	<b>Print Name:</b>	<b>Date Signed (dd/mm/yyyy):</b>