

SIT50422 Diploma of Hospitality and Management Course

The form is to be filled by the student at time of applying for a course or within 28 days of course commencement. Please attach the Record of Results or Statement of Attainment comprising the units for which credit is being requested.

Student Details

Student Name:			
Student ID:		Date of Birth:	
Course Name			
Course Start Date:		Course Finish Date:	
Address:			
Suburb:		State:	
Contact Number:		Email:	
Types of Credit Transfer: <input type="checkbox"/> Formal <input type="checkbox"/> Non-Formal <input type="checkbox"/> Informal			

Unit details

Units in which credit transfer is being requested (Please add extra page if number of units is more than the space provided below):

Unit Code	Unit Name	For Office Use Only Credit Provided (Y/N) (If 'NO', provide the reason)	New package (Equivalent or Non-Equivalent)
SITXCCS015	Enhance customer service experiences	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXCCS016	Develop and manage quality customer service practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXCOM010	Manage conflict	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXFIN009	Manage finances within a budget	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXFIN010	Prepare and monitor budgets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXGLC002	Identify and manage legal risks and comply with law	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXHRM008	Roster staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXHRM009	Lead and manage people	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXMG004	Monitor work operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXMG005	Establish and conduct business relationships	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXWHS007	Implement and monitor work health and safety practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXFSA005	Use hygienic practices for food safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITHCCC043	Work effectively as a cook	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC023*	Use food preparation equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITHCCC027	Prepare dishes using basic methods of cookery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent

SITHCCC028	Prepare appetisers and salads	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITHCCC029	Prepare stocks, sauces, and soups	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITHCCC030	Prepare vegetable, fruit, egg and farinaceous dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC031	Prepare vegetrain & vegan dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC035	Prepare poultry dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC036	Prepare meat dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC037	Prepare seafood dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC038	Produce and serve food for buffets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
SITHCCC040	Prepare and serve cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent
BSBCMM411	Make presentations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
BSBTWK503	Manage meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITXINV007	Purchase goods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equivalent
SITHCCC039*	Produce pates and terrines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Equivalent

Evidence Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Declaration:	
<ol style="list-style-type: none"> 1. I declare that I wish to apply for course credit as outlined in this form. 2. I have been communicated all the information in regard to course credit and its effect on my COE. 3. The attachment to this form is the photocopy of my original academic document. All the information provided in the form is correct and complete. 4. If the credit transfer is given before the student visa is granted, the actual net course duration (as reduced by course credit) will be indicated in the confirmation of enrolment for that course. 5. If the credit transfer is given after the student visa grant, the change of course duration will be reported via PRISMS under section 19 of the ESOS. 	
Student Signature:	Date:

For Office Use Only			
Admin Approval:		Date:	
Academic Approval:		Date:	
Course Duration changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Course Start Date:		End date:	
Has the student been communicated? How?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Acceptance of the Credit Transfer Feedback			
<ol style="list-style-type: none"> 1. I acknowledge the credit transfers for the units granted to me by Times College. 2. In view of the grant of Credit Transfer for the above units, my course schedule will be reviewed and modified. 3. If the credit transfer is given before the student visa is granted, the actual net course duration (as reduced by course credit) will be indicated in the confirmation of enrolment for that course. 4. If the credit transfer is given after the student visa grant, the change of course duration will be reported via PRISMS under section 19 of the ESOS. 5. I understand my right to access Complaints and Appeals procedure of College, if I am not satisfied with the outcome of my credit transfer application. 			
Student's Name:			
Student Signature:		Date:	