

# Australian Guild of Education Advanced Standing Application Form



Provider Number PRV12114 | CRICOS Code 04168K

(Please read requirements contained in AGE's Advanced Standing Policy and Procedure available at [www.guildmusic.edu.au](http://www.guildmusic.edu.au))

Student ID number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Family Name: \_\_\_\_\_ Given names: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

Recognition details: Are you applying for:
<input type="checkbox"/> Credit Transfer
<input type="checkbox"/> Recognition of Prior Work Experience
<input type="checkbox"/> Articulation via Credit Transfer Agreement
<input type="checkbox"/> Recognition of Prior Learning (RPL)
Course Name: _____
Term of Study: _____ Year: _____

Details of Previous Units of Study (to be completed by Applicant)			AGE office use only (to be completed by AGE Assessor)		
Unit Code	Unit Title	Year Completed	AGE Unit Code	AGE Unit Title	Approved Yes / No


**NOTE:** Official Unit / Subject Outline(s) MUST be attached for assessment of prior study. If application is based on prior work experience, please briefly describe relevant experience applicable and attach all available supporting materials as noted below

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**EVIDENCE CHECKLIST** (provide all available information to assist in the assessment of your application,

- Qualifications (parchment/testamur)       Official Academic Transcripts  
 Official unit/subject outlines               Work Certificates/references – on official letterheads  
 Professional Work Experience Details       Professional / personal development courses detail  
 Resume / CV

I declare that the information provided by me is true and correct. I have read and understood the information contained In this form and in the Advanced Standing Policy and Procedure.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE SIGNED BY STUDENT AFTER ASSESSMENT COMPLETED ABOVE**

I hereby accept the above assessment.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGE USE ONLY**

**Advanced Standing Assessment**

Assessor name: \_\_\_\_\_ Position: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

- All necessary documents submitted by student       Yes       No

- Prior study covers 80% of Learning Outcomes  Yes  No  NA Comments:

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- Delivery and assessment consistent with AGE  Yes  No  NA

Comments:

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- Prior work experience – is assessed as meeting 80% of Learning outcomes  
 Yes  No  NA

Comments:

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**Recommendations**

**Recommended:**  Yes  No

If 'No,' why

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**Approved:**  Yes  No

If 'No,' why

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**Approved:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Advised:**     Yes  No                      **Date:** \_\_\_\_\_

Submitted to Student Services for Recording and noting on Student File    **Date:** \_\_\_\_\_