

ADVANCED STANDING APPLICATION FORM

GUIDELINES

Prior to completing this form applicants must read the [Health Education and Training Institute Higher Education Advanced Standing Policy](#).

Please complete all sections of this form.

- Applications must be submitted prior to student commencing their first semester of study. HETI HE will not grant advanced standing where an application has been made after the approved census date for a unit being studied in that teaching session.
- Ensure you have read and understand the Advance Standing Policy before signing the declaration (Section 3).
- Return your completed form along with supporting documents to the Education Support Officer.
- Applicants will be notified of the results of their application in writing. This will normally occur within five weeks of the receipt of the application for applications based on formal or credentialed learning, but may take longer for advanced standing based on informal learning.

DOCUMENTARY EVIDENCE

- Documentary evidence must be in the form of a certified copy bearing the signature of a Justice of the Peace. Applicant must provide the following documents relating to the unit for which advanced standing is being sought:
 - o Copy of academic transcript
 - o Extracts from institutional handbooks or other official documentation giving sufficient details of the studies to allow an assessment of the application to be made.
- All supporting documentation must be in English, including certified translations where necessary.
- Where advanced standing is being sought on the grounds of credentialed/informal learning, applicant may be required to supply certified copies of statements from employers, present a portfolio, attend an interview, or demonstrate competence through an appropriate form of assessment.

ASSISTANCE

If you have any questions, please contact the [Education Support Officer](#) for assistance. Phone: 02 9840 3833

SECTION 1: STUDENT DETAILS

Are you a current student of NSW Institute of Psychiatry (NSWIOP) transitioning to 2017? Yes No

Title:	Surname:		
Given Names:		Student Number:	
Street Address:			
Suburb:		State:	Postcode:
Country:	Home Phone:		Mobile:
Email:			

SECTION 2: COURSE / UNIT APPLYING FOR ADVANCE STANDING

Course: Applied Mental Health Studies Psychiatric Medicine

UNITS APPLYING FOR CREDIT

Unit Code	Unit Title

SECTION 3: DECLARATION CHECKLIST

- I hereby certify that the information provided in this application is true and correct.
- I understand that if I do not fully complete and sign this form my application will not be processed.
- I have kept a copy of the application form and all supporting documentation.
- I have submitted the necessary **CERTIFIED** documentary evidence in support of my claim.
- I acknowledge that submitted documents will not be returned to me.
- I authorise Health Education and Training Institute Higher Education to obtain verification of any statements or documents included as part of this application.
- I acknowledge it is my responsibility to submit this application in sufficient time for processing prior to any census date.
- I understand that I will be liable for student contribution or tuition fees for each unit in which I am enrolled at census date and for which I have not been granted Advanced Standing
- I understand that Health Education and Training Institute Higher Education reserve the right to vary or reverse any decisions regarding enrolment or Advanced Standing made on the basis of incorrect or incomplete information

Signature:	Date:
------------	-------

OFFICE USE ONLY

Date Application Received:	Date forwarded to Course/Unit Coordinator:
Documentary evidence type submitted:	
Year study was initially completed:	Within Australia <input type="checkbox"/> Yes <input type="checkbox"/> No → Where?
Is this within 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No →	Was currency of knowledge submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student required to submit an assessment in order to determine Advanced Standing? <input type="checkbox"/> No <input type="checkbox"/> Yes (attached)	
Date student must submit assessment:	Date assessment received:
Assessment outcome <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Is further assessment required? <input type="checkbox"/> No <input type="checkbox"/> Yes

OUTCOME

Unit Code	Unit Title	Status	Credit Points Approved	Approver Signature
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Total credits approved for advanced standing				

Comments:

Save this form and send together with supporting documentation to:
 Email: applications@heti.edu.au Fax: 02 9840 3838
 Post: HETI Higher Education, Locked Bag 7118, Parramatta BC NSW 2124