



APPLICATION FOR ADVANCED STANDING

GUIDELINES

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

- Applications for Advanced Standing must be accompanied where applicable by the following form(s):
 - a. New Students: application for admission form and unit enrolment form;
 - b. Progressing Students: unit enrolment form.
- The Application for Advanced Standing must be submitted by the advertised closing date. HETI Higher Education will not grant advanced standing where an application has been made after the approved application closing date (<http://www.heti.edu.au/academic-calendar>) for a unit being studied in that teaching session.
- Ensure you have read and understand the Advanced Standing Policy before signing the declaration (Section 3).
- Return your completed forms along with supporting documents to applications@heti.edu.au
- Applicants will be notified of the outcome of their application in writing. This will normally occur within four weeks of the closing date for Advanced Standing applications. Applications for advanced standing based on informal learning may take longer.

DOCUMENTARY EVIDENCE

- Documentary evidence must be in the form of certified copies. (http://www.heti.edu.au/images/persons_certify_copies_documents.pdf). The applicant must provide the following documents relating to the unit for which advanced standing is being sought:
 - Certified copy of academic transcript.
 - 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, you 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 [Education Support](#) for assistance. Phone: 02 9840 3833

SECTION 1: STUDENT DETAILS

Are you applying for advanced standing based on units studied with the NSW Institute of Psychiatry (NSWIOP) within the last 10 years? Yes No

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

SECTION 2: 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 reserves the right to vary or reverse any decisions regarding enrolment or Advanced Standing made on the basis of incorrect or incomplete information.

Signature

Date



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SECTION 3: PROVIDE FOR EACH UNIT APPLYING FOR ADVANCED STANDING (Applications can only be submitted for the current award (year of study). Applications will not be accepted in advance of awards to be studied.)

NB: Where more than one unit is applied for – see SECTION 3: Additional Unit Application Form

Course: Applied Mental Health Studies Psychiatric Medicine

Level Year One - Graduate Certificate Year Two - Graduate Diploma Year Three - Master

UNITS APPLYING FOR CREDIT

| HETI Unit of Study | Previous Unit of Study (Please use additional forms if more than one unit is being used for HETI unit of study) |
|--------------------------|--|
| Unit Code: Unit Name: | Unit Code: Unit Name |
| Unit Learning Outcomes | Unit Learning Outcomes |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Provide Unit Learning Guide AND Unit Transcript for Previous Unit(s) of Study

Describe how the Learning Outcomes match: (Maximum 200 words)

Unit Assessable Components: List all completed tasks, providing relevant outcome

Assessment No: Assessment Name: Completion Date:



HEALTH
EDUCATION
& TRAINING

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Provide equivalent work experience and research in previous 10 years: (Maximum 1 A4 page)

Insert text here:

Save this form in your name 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



APPLICATION FOR ADVANCED STANDING

OFFICE USE ONLY (ESO)

Date Application Received:

Date forwarded onto Unit Coordinator:

OFFICE USE ONLY (UNIT COORDINATOR)

Documentary evidence submitted: Unit Learning Guide Transcript

Year study was initially completed: Within Australia Yes No → Where?

Is this within 10 years? Yes No → Was currency of knowledge submitted? Yes No

Is the student required to submit an assessment in order to determine Advanced Standing? No Yes (attached)

Date student must submit assessment _____ Date assessment received _____

Assessment outcome Pass Fail Is further assessment required? No Yes

RECOMMENDATION

| Unit Code | Unit Name | Status | Credit Points Granted | Unit Coordinator Signature |
|-----------|-----------|--|-----------------------|----------------------------|
| | | <input type="checkbox"/> Granted <input type="checkbox"/> Declined | | |
| | | <input type="checkbox"/> Granted <input type="checkbox"/> Declined | | |
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| | | <input type="checkbox"/> Granted <input type="checkbox"/> Declined | | |

Total credits approved for advanced standing

Comments

APPROVAL: Director Education and Training

Signature _____ Date _____

EduPoint updated Student advised