

Self-Appraisal (RPL)

142 FM H - RPL Self-Appraisal Form



INSTRUCTIONS

You may use your skills and knowledge gained through work and/or previous study for recognition in a nationally recognised qualification. This Self-Appraisal is required to identify eligibility for RPL by identifying the skills and knowledge you may already have and evidence you must be able to demonstrate and/or provide.

Candidates must provide a resume or complete the following tables to detail their experience in the qualification/industry over the previous three years. Candidates must also identify a suitably qualified or experienced Employer/Supervisor that can verify the Candidate's skills, knowledge and evidence.

Once received an Assessor will contact you to discuss your eligibility and progress the RPL application and assessment process.

Name		Postal address	
DOB		Visa status, (if applicable)	
Mobile		Email	

Qualification(s)/Accredited Course(s) you are seeking RPL for.

Code	Title

Declaration

I declare that the information provided in this profile is true and correct. In signing, I give permission for TAFE Queensland to contact relevant parties as required to confirm authenticity of the information provided. Electronic submission or emailing of this Self-appraisal with relevant contact details acts as the Candidate's signature, verifying the self-appraisal of their formal and informal knowledge and skills against the tasks / units making up the qualification.

Signature		Date	
------------------	--	-------------	--

SECTION 1. Industry employment / experience

You must be able to provide evidence of engagement in relevant industry / qualification within the last three years.

Employer/Company	Dates of engagement	Short description of duties performed (relevant to qualification)
<insert more rows as required>		

Contact details of employer / supervisor that can verify your engagement, skills and knowledge, including their qualifications and work experience relevant to the qualification being sought. The assessor will be contacting this/these supervisors to verify the evidence provided in the RPL assessment.

Employer / Company	Supervisor name	Contact Phone Number	Supervisor's qualifications	Supervisor's work history / roles
<insert more rows as required>				

SECTION 2. Self-appraisal Questionnaire

Consider if and how you perform the following tasks within your work role.

As you answer the question consider the evidence you will be able to provide and/or demonstrate to support this appraisal.

Throughout the RPL assessment you will be asked to explain and describe your work processed, provide work product, documentary evidence and demonstrate these skills and knowledge in the workplace or a simulated work environment.

In the past 2 years, have you..... (put an X in the box that best applies)		Never	Infrequently	Often, but only under supervision	Frequently; act independently
1	<insert Code and Title and relevant 'Application' information of unit>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3. Foundation skills

To be successful in meeting the requirements of this qualification you are required to have sufficient language, literacy, numeracy and computing skills.

To assist us in determining any learning assistance you may require, please rate your confidence to each of the skills identified below.

On a scale of 1 to 5, how confident are you in your ability to do the following? Put an X in the box that applies to you.	1 = not confident at all					5 = very confident
	1	2	3	4	5	
Communicating in writing with others at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Having a work related conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providing relevant information/instructions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asking questions to clarify information and obtain feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providing relevant information to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completing forms and other work related documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working with others with differing opinions/values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planning and organising your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making important decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying and solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using digital technology such as computers or iPads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using email, discussion boards to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using digital technology to find and store information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Navigating web browsers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creating electronic documents using software applications e.g. word processing, presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

On a scale of 1 to 5, how confident are you in your ability to do the following? Put an X in the box that applies to you.	1 = not confident at all 5 = very confident				
	1	2	3	4	5
Researching and presenting information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking in front of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculating and interpreting data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Assistance Request					
Would you like assistance with your learning skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No				