

## Credit Transfer Application Form

Applicants for Credit Transfer must complete the Credit Transfer application form, attach an original (or certified copy) of a verified Award or Statement of Attainment and submit the application to the Enrolments Officer.

### Application processing

Applications for credit transfer will normally be assessed within ten working days where there are current precedents. A longer period may be required if a new assessment is required.

### How to complete this Application

1. Fill out the form.
2. Complete the "declaration" section.
3. Attach a copy of the original certificate or statement of attainment.

PERSONAL and CONTACT DETAILS	
FULL NAME:	TELEPHONE:
NAME OF THE COURSE THAT YOU WISH TO DO: SHB30416 Certificate III in Hairdressing	
STUDENT ID (IF APPLICABLE):	DATE OF BIRTH:
RESIDENTIAL STREET ADDRESS:	

### DETAILS OF UNITS OF COMPETENCY

Please write the unit code and unit name below. Please note that any errors in the information you provide below may lead to delay in processing your application.			FOR OFFICE USE ONLY
No	Unit Code and Name		CREDIT APPROVED?
1	SHBHIND001	Maintain and organise tools, equipment and work areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	SHBXWHS001	Apply safe hygiene, health and work practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	BSBSUS201	Participate in environmentally sustainable work practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	SHBHTRI001	Identify and treat hair and scalp conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	SHHBAS001	Provide shampoo and basin services	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	SHBXIND002	Communicate as part of a salon team	<input type="checkbox"/> Yes <input type="checkbox"/> No

7	<b>SHBHDES003</b>	<b>Create finished hair designs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<b>SHBXIND001</b>	<b>Comply with organisational requirements within a personal services environment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<b>SHBXCCS001</b>	<b>Conduct salon financial transactions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<b>SHBHCUT001</b>	<b>Design haircut structures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<b>SHBHCUT002</b>	<b>Create one length or solid haircut structures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<b>SHBHCUT004</b>	<b>Create layered haircut structures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	<b>SHBHCUT003</b>	<b>Create graduated haircut structures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	<b>SHBHCUT005</b>	<b>Cut hair using over-comb techniques</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	<b>SHBHIND003</b>	<b>Develop and expand a client base</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	<b>SHBHCLS002</b>	<b>Colour and lighten hair</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	<b>SHBHCLS003</b>	<b>Provide full and partial head highlighting treatments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	<b>SHBHCLS004</b>	<b>Neutralise unwanted colours and tones</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	<b>SHBHCLS005</b>	<b>Provide on scalp full head and retouch bleach treatments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	<b>SHBHREF002</b>	<b>Straighten and relax hair with chemical treatments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	<b>SHBXCCS002</b>	<b>Provide salon services to clients</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	<b>SHBHDES004</b>	<b>Create classic long hair up-styles</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	<b>SHBHCUT006</b>	<b>Create combined haircut structures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	<b>SHBHCUT007</b>	<b>Create combined traditional and classic men's haircut structures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	<b>SHBXCCS004</b>	<b>Recommend products and services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

26	<b>SHBHCCS001</b>	<b>Plan hair services for special events</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	<b>SIRRV001</b>	<b>Receive and handle retail stock</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	<b>SHBHREF001</b>	<b>Curl and volumise hair with chemical treatments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## STUDENT DECLARATION

I, hereby declare that all the information provided in this form is true and correct.

STUDENT'S SIGNATURE

DATE

**FOR OFFICE USE ONLY**

Credit Transfer Approved?       Yes       No

COMMENTS:

TRAINING & ADMINISTRATION  
MANAGER SIGNATURE:

DATE: