



# Enrolment Pack

SIT50422 Diploma of Hospitality  
Management



Dear

Thank you for your enquiry regarding the Culinary Solutions Australia Recognition of Prior Learning (RPL) Assessment for SIT50422 Diploma of Hospitality Management. Included in this document is an outline of how your RPL assessment will be conducted and what evidence we need to award you your qualification.

**So how does the RPL work?**

Your RPL in SIT50422 Diploma of Hospitality Management is divided into 3 steps.

**Step 1: Conduct a pre assessment**

Complete the Recognition Application Form and the Language, Literacy and Numeracy form in this document and send it to Culinary Solutions Australia, either by email or post, together with the following documents:

1. A detailed work resume
2. A copy of photo identification, such as a passport or drivers licence
3. Copies and any certificates or short courses you have attended
4. Copies of any work references you may have
5. Copies of any job descriptions or contracts outlining your work responsibilities
6. Any other workplace evidence such as menu's, photo's, in house training certificates, payslips or anything else you think will be relevant

As each person may have previously completed a prior Certificate, short course or other types of training we like to review all your qualifications, documents and work history to assess the most suitable subjects for you to complete your RPL assessment for SIT50422 Diploma of Hospitality Management.



### **Step 2: Design a tailored Assessment Plan**

We will then review your documents and design a tailored Assessment Plan for you which best matches your qualifications, work history and life experience.

We will then contact you to discuss the Assessment Tasks you will need to complete and post you these assessments task together with an invoice. In addition to the written assessment tasks a Practical Assessment of skills may be required but we will discuss this with you after we conduct your pre assessment

### **Step 3: Review assessment work and issue qualification**

On completion all of your Assessment Tasks for the qualification return them to our offices for review. On successful completion of all the subjects in the qualification we will issue your SIT50422 Diploma of Hospitality Managment.

#### **In addition:**

We will maintain regular contact with you throughout the course and if you have any questions or queries regarding any of the subjects please contact us.

As industry people ourselves we understand the problems of fitting in study with a busy work schedule. As such there is no time limit to complete the assessments but we suggest you try to complete one to two subjects per month to finish the course as quickly as possible.

Kind regards,

Stephen Tryon (CEO)

Culinary Solutions Australia  
Unit 2/3 Austral Place  
Hallam, Victoria 3803  
Mobile: 0412 578 985

**CULINARY SOLUTIONS AUSTRALIA**  
**Recognition Application Form**



SIT50422 Diploma of Hospitality Management

**Applicant Information**

Last Name		First		Middle	
Street Address			Apartment/Unit		
City		State		Postcode	
Phone			E-mail Address		
Date of Birth		Country of Birth		USI	
Do you speak a language other than English at home? Please specify			How well do you speak English? Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>		
Are you of Aboriginal or Torres Strait Island origin?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you authorize another person such as your agent to act on your behalf?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you consider yourself to have a disability, impairment or long term condition?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify	
				Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other <input type="checkbox"/>	

**Education**

High School			Address			
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## further education

*Have you successfully completed any of the following qualifications?*

YES

NO

Bachelor degree or Higher degree

Advanced diploma or Associate diploma

Diploma or Associate diploma

Certificate IV

Certificate III or Trade qualification

Certificate II

Certificate I

Certificates other than above

## current employment

*Which of the following best describes your current employment status?*

Full-time

Part-time

Self-employed

Employer

Employed-unpaid worker in the family business

Unemployed

Not seeking employment

## Previous Employment

Company

Phone

Address

Job  
Title

Responsibilities		
From	To	Reason for Leaving
Company		Phone
Address		Job Title
Responsibilities		
From	To	Reason for Leaving
Company		Phone
Address		Job Title
Responsibilities		
From	To	Reason for Leaving
<b>Reason for undertaking this course?</b>		
To get a job <input type="checkbox"/>		
To develop my existing business <input type="checkbox"/>		
To start my own business <input type="checkbox"/>		
To try a different career <input type="checkbox"/>		
To get a promotion <input type="checkbox"/>		
It was a requirement of my job <input type="checkbox"/>		
To increase skills and knowledge for my job <input type="checkbox"/>		
For personal interest or self-development <input type="checkbox"/>		
Other reasons <input type="checkbox"/>		

## Documents required for undertaking this course?

Photo ID-Passport, Drivers license, Student ID

Work references

Certificates

Statement of results

Resume

Photos which may act as evidence for the competencies of the qualification

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

Please forward to:

Culinary Solutions Australia  
Unit 2/3 Austral Place  
Hallam  
Victoria 3803



## Language, Literacy and Numeracy Self Assessment Form

Please answer the questions either 'Yes' or 'No' on the form below and return it to your Trainer/Assessor with your Enrolment Form

<b>Tasks</b>	<b>In English? YES or No</b>	<b>In my first language?YES or NO</b>
<b>I can:</b>		
Read the time on a clock (analogue or digital)		
Use a calculator		
Add up the prices of things in my head		
Work out how much change I should give (without help from the register)		
Know roughly how tall I am in centimetres		
Make a guess about how much things weigh in kilograms		
Use a map to find a place		
Look up a <u>phone number</u> in a <u>telephone book</u> or on the internet		
Read and understand letters or bills		
Take a phone message and write it down accurately		
Fill in a form (e.g. timesheet for work)		
Write notes, letters or emails		
Speak at meetings or in a group		
Do my banking		
Follow instructions for a task		
Order supplies from a list		

Candidate name:

Candidate signature:

Date: