**Professional Discussion Application Form**

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| **Learner Name** | |  | | | |
| **Unique Learner Number** | |  | | | |
| **E-Mail** |  | | **Mobile Number** |  | |
| **Centre Name** | |  | | | |
| I hereby apply for a Professional Discussion for the unit of following qualification | | | | | |
| **Qualification Title** | |  | | | |
| **Unit Title** | |  | | | |
| **Unit Reference No.** | |  | | | |
| Declaration  I have read the B-TIC Prior Learning Assessment Policy, BTIC Professional Discussion Policy, and other relevant policies.  I will be assessed with the unit Learning Outcome and assessment criteria  I am assessed separately for each units and not in conjunction with any other units  I authorize B-TIC to verify my application from relevant parties  I understand that B-TIC reserves the right to reverse and alter any academic decisions  I understand that B-TIC collects, stores, and uses personal information in accordance with B-TIC Data Protection Policy.  The information contains in this application is correct, true and complete to the best of my knowledge | | | | | |
| Learner Signature | | | | | Date |
|  | | | | |  |

**Conditions:-**

Application should be made separately for each units with appropriate assessment fee.

You should be present in the venue 10 minutes prior to the discussion.

You should produce Photo ID to the Assessor

You should produce updated CV, Portfolio and Other forms of evidences with this application.

The discussion may last 30 to 45 minutes

**(OFFICE USE ONLY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assigned Assessor |  | | | | |
| Assigned IVQA |  | | | | |
| Application Received By |  | | | | |
| **Received Date:** |  | **Completion Date** | |  | |
| Signature of receiver |  | | **Date** | |  |