**Application Form**

**Recognition of Prior Certified Learning (RPcL)**

**Section 1: To be completed by the applicant/student**

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| This section should be completed by the applicant/student. It is important that you provide accurate and relevant evidence alongside this application form. Please note the learning being claimed for RPL must be current. Normally qualifications taken earlier than five years before the claim is made are not eligible for consideration. However, where there are exceptional circumstances they may be taken into consideration. | | | | |
| **Name**  (including title) |  | | **Date of Birth** |  |
| **Contact Email** |  | | **Contact Telephone No** |  |
| **Course** applied for or studying **at Newman** |  | | **Mode of Study** | FT / PT |
| **UCAS Personal ID or Newman Reference** | |  | | |
| **Application** | |  | | |
| **Please list the supporting evidence provided**  (E.g. transcript, certificate, portfolio, programme specification etc.) | |  | | |

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| **Details of Prior Certified Learning** | | | | | |
| **Course/Award Title** | **Awarding Institution** | **No. of Modules** | **Level** | **No. of Credits** | **Date Awarded** |
| e.g. Early Years | Newman University | 5 | 4 | 100 | 06/2015 |
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| **NOTE: Please ensure that you have provided copies of certificates/transcripts of the qualifications noted above; your claim will not be processed without these. The evidence must show the academic level and number of credits the qualification awards and the mark you achieved and clearly show the name of the institution that awarded the credits.** | | | |
| **Applicant declaration that the information and documents provided are correct.** | | | |
| Signature |  | Date |  |

**Section 2: To be completed by the Programme or Course Leader or Head of Subject**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme for which student/applicant is seeking entry** | | | |
| Programme |  | Year of Entry |  |
| Subject (s) |  | Term of Entry |  |
| Programme Leader |  | | |

|  |  |  |  |  |  |  |  |
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| **Number of Credits Recommended** | | | | | | | |
| Level 4 |  | Level 5 |  | Level M |  | Total No. of CATS |  |

or

|  |  |  |
| --- | --- | --- |
| **Modules against which credit is recommended:** | | |
| **Module Name** | **Level** | **No of Credits** |
|  |  |  |
|  |  |  |
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BRIDGING PROTOCOL REQUIRED – **YES / NO** (*please delete accordingly*)

|  |
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| Is the prior learning more than 5 years old? Yes/No  (please delete as appropriate)  If ‘**Yes**’:   1. is the learning still relevant and does it meet the required learning outcomes? Yes/No 2. has the applicant demonstrated evidence of continuous learning, updating   knowledge & skills through workplace training? Yes/No   1. is their work based practice relevant to the course applied? Yes/No   **Please note** that if the prior learning is more than 5 years old and the response to a), b) or c) above is ‘**no**’, then the prior learning cannot be recommended and/or accredited. |

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| **Recommendation by Programme or Course Leader / Head of Subject** | | | |
| Please give a brief summary of the rationale for the above recommendation. It is particularly important to give compelling reasons if the prior learning is in a different subject area from the course for which the student is seeking entry. | | | |
|  | | | |
| **Signature** |  | | |
| **Print Name** |  | **Date** |  |

**Please Note:** **Section 1** should be completed by the applicant/student and **Section 2** by the Programme or Course Leader / Head of Subject. If further information is required before a recommendation can be made, the applicant/student will be contacted by Registry staff to request this. Only once the form is fully completed should it be forwarded to the relevant Associate Dean for final approval and signature.

**Section 3: To be completed by the relevant Associate Dean**

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| --- | --- | --- | --- |
| Decision of the RPL Chair | | | |
| The Chair has approved / rejected this application.  (please delete as appropriate) | | | |
| Please give a brief summary of the rationale for the above decision | | | |
|  | | | |
| **Signature** |  | | |
| **Name** |  | **Date** |  |