**RECOGNITION OF PRIOR LEARNING APPLICATION FORM**

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| **RECOGNITION OF PRIOR LEARNING****APPLICATION FORM** |
| **PARTS A, B and C must be completed by the Applicant**(College of FET staff will assist in the completion of this form) |
| **PART A** |
| Provision Name: |  |
| Applicant Name: |  |
| Applicant Address: |  |
| Applicant Contact Number:  |  |
| Applicant Email Address: |  |
| Date of Application:  |  |

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| **PART B** |
| Recognition for Prior CERTIFIED Learning (RPCL) If yes, please indicate which RPCL you are applying for: | *Delete as appropriate*Yes/No |
| 1. Recognition of an award certified outside of CAS, including former FETAC awards
 | Yes/No |
| 1. Recognition of other awarding bodies (HEIs, City and Guilds, etc.) towards a QQI award
 | Yes/No |
| 1. Recognition of QQI certificate towards award of other awarding bodies (*Please see specific awarding body procedures).*
 | Yes/No |
| Recognition for Prior EXPERIENTIAL Learning (RPEL) | Yes/No |

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| **PART C** |
| Personal Statement: |
| *Please write a short personal statement here giving a brief overview of your reason for this RPL application – no more than 500 words. This box will expand as you type.*  |
| Work Experience: |
| *Outline your work experience here giving employer details, job title and description and dates of employment. Put the most recent first. This box will expand as you type.* |
| Education and Training: |
| *Outline your education and training here giving details of any or all school, higher education, further education and professional body courses undertaken. Put the most recent first. This box will expand as you type.* |
| Personal Skills: |
| *Outline your personal skills here. Some headings you could use are Communication Skills, Organisational Skills, Job-related Skills, Information Technology Skills, etc. These are just ideas to help. Choose the most appropriate to you or use other headings as appropriate. This box will expand as you type.*  |
| Additional Information: |
| *Include any other extra information about yourself here. Think about including information about your hobby and leisure activities, membership of any clubs, committees or societies, any community or voluntary work that you are involved in. All life experiences will be considered as part of your RPL application. This box will expand as you type.* |
| Exemptions (based on RPCL) in respect of: (add new rows if required) |
| Module Code | Module Level | Module Name |
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| Applicant Declaration: |
| 1. By signing this application form I declare that I wish to seek Recognition of my Prior Learning.
2. I understand that to achieve the qualification for which I am seeking RPL I will be required to prepare and present a portfolio of RPL evidence for authentication and certification.
3. I understand Limerick and Clare Education and Training Board’s RPL Procedure and the steps involved in the process have been fully explained to me.
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Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant designated person

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant designated person

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once signed by the designated person, Parts A, B and C of this form should be copied and a copy given to the applicant as a receipt of the application being received.**

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| **RECOGNITION OF PRIOR LEARNING****APPLICATION FORM** |
| **Part D:** **Office Use** **This section must be completed by the relevant designated person**(form can be stored and updated electronically) |
| Name: |  |
| Receipt date of application: |  |
| RPL Applicant Name: |  |
| **RPL Process Tasks** | **Tick when complete:** |
| Outcome of initial provider screening processNotification of outcome of Provider screening process sent to applicantApplicant assigned an RPL MentorApplicant assigned an RPL Assessor | Successful **[ ]** Unsuccessful **[ ]** Date: \_\_\_/\_\_\_/\_\_\_\_\_Yes [ ]  No [ ]  Date: \_\_\_/\_\_\_/\_\_\_\_\_Yes [ ]  No [ ]  N/A [ ]  Date: \_\_\_/\_\_\_/\_\_\_\_\_Yes [ ]  No [ ]  N/A [ ]  Date: \_\_\_/\_\_\_/\_\_\_\_\_ |
| Signature: |  |
| Date: |  |