



ASSESSMENT OF PRIOR LEARNING APPLICATION FORM

Section A PERSONAL DETAILS

NAME	STUDENT ID <i>(if Known)</i>
NAME OF THE COURSE	YEAR / SESSION
CONTACT ADDRESS	
MOBILE NO	
EMAIL	

Section B PREVIOUS CERTIFIED LEARNING *(Please add as many rows as needed)*

NAME OF INSTITUTION AND STUDENT NUMBER	YEAR OF COMPLETION	COURSE OR PROGRAMME TITLE	LEVEL OF STUDY	UNITS FOR WHICH YOU ARE APPLYING TO HAVE YOUR PRIOR LEARNING RECOGNISED

PLEASE LIST THE SUPPORTING DOCUMENTS YOU HAVE ATTACHED TO THIS FORM.





SECTION C

PREVIOUS EXPERIENTIAL LEARNING

For claiming accreditation for your experiential learning you must submit the following:

Essential:

C1: Certificates of Previous Education.

C2: Personal Statement (*describing relevance of your previous experience with the units for which you are seeking recognition. Refer to the learning outcomes you believe you have achieved*).

C3: Detailed CV/ Resume.

C4: Work experience letter. (*Signed by the Human Resource Manager or Higher Authority*)

Recommended, if available:

C5: Portfolio of Previous Work

C6: Letter of Appreciation Received for Good Work.

C7: Any Artefact (*Produced as a part of Previous Work Relevant to the Units for which Accreditation is sought.*)

Declaration

I confirm that I have read and followed the WCS's Recognition of Prior Learning Policy and Procedures. The information given in this form is true and factually correct. I confirm that this information may be disclosed, where necessary, to academic and administrative staff of the College or to the awarding body. I also understand that my application may not be successful or I may not receive RPL for the amount of credit I applied for.

Name:

Signature:

Date:

For Office Use Only

Initial Assessment by the Admissions Officer

Name: Signature:

Date:

Final Assessment:

UNIT TITLE(S) BEING ASSESSED FOR RPL

- | | |
|---------|----------|
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

Programme Leader/ Subject Expert

Name: Signature:

