

**STUDENT APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)**

**Faculty of Medicine, Health and Social Care**

**RPCL:** Recognition of Prior Certificated Learning.

**RPEL:** Recognition of Prior Experiential Learning, for example for professional experience and/or attendance at professional non-accredited courses.

**ADVANCED STANDING:** RPL may also be used to allow you to enter a course at a later stage than is normal. This is called ‘Advanced Standing’. For example, if you have previously been awarded a CertHE (120 level 4 credits) you could apply to enter an undergraduate degree course directly into level 5**.** Following completion and review of this form by the Faculty Quality Sub-Committee (FQSC) you should use the standard course application route following a discussion with the relevant Course Director. |

For further information on the types of RPL please refer to the University regulations at <https://www.canterbury.ac.uk/quality-and-standards-office/regulations-policies-and-procedures/regulation-and-credit-framework/taught-regulations.aspx>

**PLEASE NOTE:**

This application form should be completed and submitted electronically.

This application form must be completed fully and include all relevant supporting/ documentary evidence and signatures as appropriate (electronic signatures acceptable).

Providing an incomplete form and/or a form without the appropriate evidence may result in a delay in processing your application.

**Part 1: To be completed by Applicant**

**1.1 Personal details**

|  |  |
| --- | --- |
| Full Name (in capitals and underline your family name): |  |
| Previous surname (if applicable) |  |
| Christ Church Student ID Number (if known): |  |
| Address: |  Postcode: |
| Telephone Number(s): | **Home:** | **Work/mobile:** |
| E-mail: |  |
| Place of work (if applicable): |  |

**1.2 Name of your course**

Indicate the name of the course and route (if relevant) that you wish to make this application for. Please ensure you give the correct name.

|  |
| --- |
|  |

**1.3 Previous application**

Have you previously applied for/been granted credit exemption for any module or modules on this course? YES / NO (please delete as appropriate)

If YES please provide the details below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of module andmodule code (if known) | Credit Value | Date of Application | Result of Application |
|  |  |  |  |
|  |  |  |  |

**1.4 Prior learning**

Give details of the prior learning that you are using for this application. Your prior learning should have occurred in the last five years.

Complete one or both tables A and B as appropriate.

**Table A. Previous modules and courses (RPCL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Module/s or Courses** | **College/ University/****Organisation** | **Year****undertaken** | **Grade / mark awarded** | **Credit Value****(if known)** | **Level****(if known)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

You must submit **original** copies of official certificates/ transcripts with this form to verify the achievements above.

**Table B. Experience (RPEL)**

In this table summarise the experience(s) you wish to be considered for RPEL. This will allow your application to be directed to the appropriate specialist.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name the professional or work experience** | **Organisation** | **Year****undertaken** | **Credit Equivalent****(if known)** | **Level****(if known)** |
|  |  |  |  |  |

If you have completed this table, you will be contacted by the Course Director who will inform you of the evidence that you need to provide. Normally this is a portfolio of work and reflective practice that will be examined by the Board of Examiners.

**1.5 Desired outcome of this application**

I wish to use the achievements to provide me with specific recognition for the following modules in the course:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of module | Module code | Level | Credit Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**1.6 Confirmation of accuracy by the applicant**

I confirm that all the details I have provided on this form are correct.

**Signature:**

**Date:**

**Name of budget holder (for invoicing purposes): Please PRINT NAME**

**Address:**

**Signature………………………………………………………………..Date……………….**

**FEES:**

There is a fee for processing RPL claims. Current fees are as follows:

**RPCL - £ 175 (2021/22 academic year)**

**RPEL - £ 500 (2021/22 academic year)**

**There is no fee for an Advanced Standing RPL application.**

Sometimes your employer will pay the fee for you, in which case you will need to include the signature of the authorised fund-holder above.

The signature of the budget holder **must** be present on the RPL application form unless the following apply:

* You are self-funding
* You are requesting recognition of previous CCCU credits (see below)
* You are requesting advanced standing

**No claim will be processed until the fee, or other funding arrangement is confirmed.**

Self-funding students should enclose a cheque made payable to Canterbury Christ Church University.

**1.7 Please return this form to:** canterbury-healthadmin@canterbury.ac.uk

Date submitted to CCCU for processing ………………………….

**Part 2: Office Use Only**

**2.1 Date received…………………………… By whom………………………………**

**2.2 To be completed by Course Director**

**(delete where appropriate)**

**RPCL:** I have checked this application form for accuracy and verified the supporting/ documentary evidence that the applicant has provided to support this RPCL application. I have also completed and submitted mapping of their prior learning to the module learning outcomes they are seeking recognition for. I recommend the credit recognition as detailed below.

**RPEL:** Members of the course team have first and second marked the portfolio of evidence (attached). Following review by the FQSC the work needs to be sent to the External Examiner.

**ADVANCED STANDING**: I have checked this application form for accuracy and verified the supporting/ documentary evidence that the applicant has provided to support this Advanced Standing application. I have also completed and submitted mapping of their prior learning to the stage outcomes they are seeking recognition for. I recommend the credit recognition as detailed below.

*The Course Director must accurately complete the following (an overall mark is only required for an RPEL application)*

The total number of RPL credits to be awarded to the applicant is ……. credits at level …… and, if applicable, carrying an overall mark of ………. % (or give grade instead if appropriate) within the following course:

|  |
| --- |
|  |

The following modules in the course are to be exempted:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of module | Module code | Level | Credit Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signature of Course Director:**

**Name of Course Director:**

**Date:**

**2.3 To be completed by Faculty Quality Office**

|  |  |
| --- | --- |
| **Date received** |  |
| **Decision of FQSC** | **approve / reject / additional information** |
| **Date sent to Academic Administration/ Partnerships Registry** |  |
| **Is there a fee? If so, date sent to** **fees@canterbury.ac.uk** |  |

**2.4 To be completed by Academic Administration/ Partnerships Registry**

|  |  |
| --- | --- |
| **Date received** |  |
| **Decision sent to Course Director on (date)** |  |
| **Decision sent to Course Director by** |  |
| **Student record updated on (date)** |  |
| **Student record updated by** |  |