

Recognition of Prior Learning – Application Form

Recognition of prior learning (RPL) is a process by which learners are recognised for knowledge, understanding or skills they have already achieved. All requests must be considered by ABP for approval. The request form **MUST** be completed as soon as possible and in any event by no later than 6 weeks after the learner has started the course. Forms must be accompanied by appropriate supporting evidence.

Centre		Course ID		Qualification	
Learner		Learner ID		Application Date	

RPL request against previous unit achievement

To be completed for learners evidencing achievement through previously completed qualifications or units

Units for which RPL is being request				Previously achieved units against which RPL is being requested				Evidence Offered by Learner	Evidenced Mapped to Requirements
Unit Title	Unit Code	Unit Level	Graded Unit Yes/No	Unit Title	Unit Code	Date Awarded	Awarded By		Yes/No

***Add additional rows as needed**

RPL request against previous experience

To be completed for learners evidencing achievement through previous experiential learning (i.e. not qualification based)

New units for which RPL is being request	Existing experience against which RPL is being claimed	Evidence Offered by Learner	Evidenced Mapped to Requirements

Unit Title	Unit Code	Unit Level	Graded Unit			Yes/No
			Yes/No			

***Add additional rows as needed**

Centre Declaration

We confirm that

- The evidence presented covers all assessment criteria for the unit(s) indicated and the unit(s) should be awarded through RPL.
- An evidence mapping document has been submitted to ABP along with this request. Rules of combination for the qualification will be met on successful completion of the course.
- No more than 50% of the qualification achievement will be achieved through RPL
- All evidence of prior learning considered in making this request has been retained by the centre
- All evidence of prior learning will be made available for ABP to review at quality assurance and/or moderation visits.
- The undersigned has been authorised by the centre to submit this request for RPL

Name		Email		Telephone	
Signature		Role		Date	

