

Recognised Prior Learning

Please complete this request for recognition of prior learning. We will acknowledge receipt within 48 hours and explain what action will be taken next.

Centre Name	Click or tap here to enter text.
Centre Number	Click or tap here to enter text.
Learner Name	Click or tap here to enter text.
Learner DOB <i>example:</i> 01/07/2019	Click or tap to enter a date.
Qualification title which the learner is registered on	Click or tap here to enter text.
Unit title(s) in relation to the request	
Nature of the request	<input type="checkbox"/> Exemption <input type="checkbox"/> Equivalence <input type="checkbox"/> Credit Transfer <input type="checkbox"/> RPL
Please give details of your rationale	
Is there supporting evidence available to substantiate your decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify.	
The above application is fully supported by evidence and I am satisfied that all the information provided is correct and verifiable. <i>Please tick to confirm</i> <input type="checkbox"/>	
Name	Click or tap here to enter text.
Position	Click or tap here to enter text.
Date	Click or tap to enter a date.