Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care

RECOGNITION OF PRIOR LEARNING (RPL) FOR UNDERGRADUATE & MASTER'S LEVEL PROGRAMMES OF STUDY

RPL CLAIM FORM for claiming credit for one or more modules

The Credit Accumulation and Transfer Scheme (CATS) enables students to utilise prior certificated or experiential learning to count towards your current enrolled programme of study through an application for Recognition of Prior Learning (RPL) or Prior Experiential Learning (REPL). Credits/ experience cannot have been already awarded within another programme of study e.g. BSc, MSc Please see Accreditation. Handbook for more information

Important Note for Postgraduate Students - acceptance of Recognition of Prior Learning may affect the duration of your programme of study and therefore you may not be eligible to apply for a *Postgraduate Student Loan*. *Please seek advice from* *NursingRPL @kcl. ac. uk* *prior to submitting an application.*

Important Note for Students Requiring a Tier 4 Visa to study - acceptance of Recognition of Prior Learning may affect the duration of your programme of study and therefore affect your Tier 4 Visa - please seek advice from *NursingRPL@kcl.ac.uk* *prior to submitting an application.*

Completion and Submission Please provide as much information as possible in the relevant sections of the form and submit together with documentary evidence of the qualification(s) and/or prior experience as a PDF or word document with the fee to NursingRPL @kcl.ac.uk

Prior Certified Learning completed within the last 5 years: complete Sections 1,2,3,6

Prior Certified Learning completed over 5 years ago: complete Sections 1,2,3,4,6

Recognition of Prior Experiential Learning: complete Sections 1,5,6

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SECTION 1: APPLICANT DETAILS

Full name:	
Postal Address:	
Email:	
Telephone Number:	
NMC PIN *(if applicable)*	
UCAS or King's Student Number *(if known)*	
King's College London Programme of study: *Applicants must be enrolled on a programme to apply for RPL/RPCL/RPEL*	
Department:	
Entry Point: (MM/YYYY):	

SECTION 2: DETAILS OF PRIOR CERTIFIED LEARNING AND/OR EXPERIENCE

1. **Are you making a claim for prior certified learning (RPCL) within the last 5 years? YES/ NO**
   If yes complete sections 3, 6

2. **Are you making a claim for prior certified learning older than 5 years? YES/NO**
   If yes complete sections 3,4,6

3. **Are you making a claim for prior experiential learning (RPEL)? YES / NO**
   If yes complete sections 5, 6

4. **Number of Credit Accumulation and Transfer Scheme (CATS) credits being claimed at the f following levels:**

   FHEQ Level 4 [   ]
   FHEQ Level 5 [   ]
   FHEQ Level 6 [   ]
   FHEQ Level 7 [   ]

SECTION 3: CERTIFIED LEARNING

1. **Please complete the following table in full for your certified learning:**

Course, module e.g. Prescribing for non-medical health professionals	Date completed month/year e.g. May/2019	Institution e.g. City University London	Full-time/ Part-Time, Distance Learning e.g. FT/PT/DL	Academic credits received e.g. 30 credits Level 6 30 credits Level 7

2. **If you commenced a course/programme of study but did not complete it, please detail below what you did complete and when.**

3. **Please provide the following documentary evidence:**

    - An official transcript or certificate of results of the award/qualification certified by the appropriate officer(s) of the institution(s) where the prior learning took place
    - Confirmation of marks for each component
    - Any other information that is relevant to support the claim (e.g. module handbook, assignment, competency document).

    If the certified learning is within the last 5 years, please complete section 6
    If the certified learning was complete over 5 years ago, please complete sections 4 and 6

SECTION 4: CERTIFIED LEARNING COMPLETED MORE THAN 5 YEARS AGO: - UPDATED WITH EXPERIENTIAL LEARNING

Please complete this section if you are applying for certificated learning completed over 5 years ago. Identify clearly how you have updated the knowledge. You should also demonstrate how you use this knowledge and skills to inform practice in your current role.

Please include the following:

- A reference/ supportive letter from each institution/employer where the experience took place

- CV or job description

- Feedback from colleagues or patients

- Examples of learning:
    - Study days / conferences attended, or presentations given.   Please identify the learning from these and how you this to apply to practice.
    - Reflections on practice that demonstrate how you have used the skills
    - Guidelines/ policies/ audits you have written, teaching materials used with students and / or patients

SECTION 5: EXPERIENTIAL LEARNING

1. **Name(s), date(s) and address(s) of the institution(s)/employer(s) where experience was gained**

2. **Please provide a brief description of your role and the experience**

3. **Please provide the following documentary evidence:**
   - A reference/ supportive letter from each institution/employer where the experience took place
   - CV or job description
   - Feedback from colleagues or patients
   - Examples of learning:
        i. Study days / conferences attended, or presentations given.   Please identify the learning from these and how you this to apply to practice.
        ii. Reflections on practice that demonstrate how you have used the skills
        iii. Guidelines/ policies/ audits you have written, teaching materials used with students and / or patients

4. Is the experiential learning being claimed against a King's College London Module? YES/NO

5. If Yes., Please name the module and demonstrate how each of the learning outcomes in the module handbook have been achieved.

Please go to section 6

SECTION 6: DECLARATION

I confirm the information on this form is correct.

Name:_____**Date**_____

By printing you name here you confirm all details are correct.

Please note that it is your responsibility to provide all the information requested. Any failure or delay in doing so may lead to your application not being considered, or a delay in its processing.
Please return the completed form with supporting evidence and required fee to Nursingrpl@kcl.ac.uk

Your application be considered for the recommendation for the award of RPL credits towards your programme and, if successful, RPL credits will appear on your student record once you have fully enrolled on your programme of study.

Office Use:

First RPL Panel Member Name (Please Print)_____ **Date:**_____

	(Y = Yes or N = NO:
RPCL applications: Have you received a transcript or certificate of previous study? Has the student passed all the components of previous study they are claiming credit?	
RPEL applications: Have you received a satisfactory reference from the previous institution(s)/employer(s) Have you received a satisfactory reference from the previous institution(s)? Have you received evidence of role?	
All applications: Is there sufficient evidence for the consideration of prior learning?	

Decision: Approve/ Reject/ Further information or assessment required

Second RPL Panel Member Name (Please print):_____ Date:_____
1. Do you both agree to award of RPL credits? YES / NO

2. How much credit at each FHEQ level should be awarded as RPL credit?

    FHEQ Level 4 [   ]; FHEQ Level 5 [   ]; FHEQ Level 6 [   ]; FHEQ Level 7[}

3. Please give reasons for rejecting the RPL claim
4.

RPL Assessment Panel:

The above decision has been ratified: YES/NO
Chair of the RPL Panel Name (Print) _____Date:_____ Please return to *NursingRPL@kcl.ac.uk*