



Oakswood College

Empowering Through Education



Recognition of Prior Learning

Form

PROMOTING EXCELLENCE • ENSURING COMPLIANCE
SUPPORTING OUR COMMUNITY



GOVERNANCE



QUALITY



COMPLIANCE



EXCELLENCE

www.oakswoodcollege.co.uk



Oakswood College
Empowering Through Education
(Trading name of Oakswood Group Ltd)

Recognition of Prior Learning (RPL) Form (Appendix A)

For students seeking exemption from one or more modules on the basis of prior certificated learning and/or prior experiential learning

This form is designed for applications for exemption where a student can evidence that prior learning meets the relevant module learning outcomes and assessment requirements.

Section 1: Student details

Full name:	
Student ID number (if already enrolled):	
Date of birth:	
Email address:	
Telephone number:	
Home address:	
Course Applied for:	
Intake / start date:	
Awarding body	

Section 2: Type of claim

Please tick one:

Recognition of Prior Accredited Learning (RPAL) – previous formally assessed study leading to credit, qualification, unit or certificate.	<input type="checkbox"/>
--	--------------------------

Recognition of Prior Experiential Learning (RPEL) – relevant learning gained through work, professional practice or other structured experience, supported by verifiable evidence	<input type="checkbox"/>
Exemption request based on prior credit already awarded by another recognised institution or awarding organisation.	<input type="checkbox"/>

Section 3: Module(s) for which exemption is sought

Complete one row for each module.

Module code	Module title	Credit value	Level	Basis of claim (RPCL/RPEL/exemption)

Section 4: Previous study, qualification or experience relied upon

For each claim, provide details of the prior learning or experience being relied upon.

Award / unit / module / experience	Institution / employer / provider	Country	Date completed	Credits / hours	Assessment method

Section 5: Mapping of prior learning to module learning outcomes

A claim should show that prior learning sufficiently matches the learning outcomes and, where relevant, the assessment requirements of the module for which exemption is sought.

Please see the next page of this form.

Use one table for each module claimed.

Module title: _____

Target module learning outcome / assessment criterion	Evidence provided by student	Reference to attached evidence	Student explanation of equivalence
1.			
2.			
3.			
4.			
5.			
6.			

Section 6: Personal statement in support of claim

Please record your Personal Statement in the box provided below. You should explain why you believe the prior learning submitted is equivalent to the module(s) from which exemption is sought. Include:

- the level and depth of prior learning;
- how recent the learning is;
- how the learning was assessed or demonstrated;
- any relevant continuing professional development (CPD), where applicable.

Alternatively, if you are providing your statement separately, please indicate this in the box and ensure you include your statement when you submit this form. Your statement should be no more than 500 words.

Personal Statement (no more than 500 words):

Section 7: Evidence checklist

You should submit all the evidence needed for assessment. Please note that incomplete applications may not be considered.

Please tick all documents enclosed:

Copy of certificate(s) / award(s) / transcript(s).	<input type="checkbox"/>
Module descriptors / syllabus / specification / learning outcomes.	<input type="checkbox"/>
Evidence of assessment methods used by previous providers.	<input type="checkbox"/>
Portfolio of work or professional evidence, where experiential learning is claimed.	<input type="checkbox"/>
CV or professional profile.	<input type="checkbox"/>
Job description(s), witness statement(s), employer confirmation, or professional discussion record, where relevant.	<input type="checkbox"/>
CPD records, where relevant and especially if prior study is older than five years.	<input type="checkbox"/>
Certified translation(s), where original documents are not in English.	<input type="checkbox"/>
Any other supporting evidence (please specify):	<input type="checkbox"/>

Section 8: Student declaration

I confirm that:

- the information given in this application is true and complete to the best of my knowledge;
- the evidence supplied is authentic and relates to my own prior learning and/or experience;
- I understand that exemption is not automatic and will only be granted where the awarding body and/or provider is satisfied that the prior learning meets the required learning outcomes, level and standard.

- I understand that additional information, an interview, professional discussion, challenge assessment, or further evidence may be requested before a decision is made.
- I consent to the institution contacting the previous provider, awarding body, employer, or referee to verify the evidence submitted.

Applicant signature:	
Date:	

Section 9: College Review

To be completed by the Programme Leader.

Date application received:	
Application complete: Yes / No	
Reviewer name:	
Reviewer role:	
School / department:	

Initial review comments

Academic assessment of RPL application

Criterion	Yes	No	Comments
Prior learning is relevant to the module(s) claimed			

Learning is at the appropriate academic level			
Evidence is sufficient, valid, authentic and current			
Learning outcomes are substantially met			
Assessment requirements are sufficiently comparable			
Claim is within institutional / awarding body limits for RPL or exemption			

Recommendation

Approve full exemption	<input type="checkbox"/>
Approve partial exemption	<input type="checkbox"/>
Request further evidence	<input type="checkbox"/>
Reject application	<input type="checkbox"/>
Recommended exempt module(s):	
Credit value recommended:	
Conditions / further actions required:	
Reviewer signature:	
Date:	

Section 10: Awarding body Decision

Date Forwarded to Awarding Body:	
Panel / committee / authorised officer at AB:	
Decision:	<input type="checkbox"/> Approved

	<input type="checkbox"/> Partially approved <input type="checkbox"/> Deferred pending further evidence <input type="checkbox"/> Rejected
Effective academic session / intake:	
Student notified on:	
Registry / MIS updated on:	

Decision notes:

Name of Awarding Body individual signatory:	
Role / Job Title:	
Authorised Awarding Body signature:	
Date:	