

APPLICATION FORM FOR ACCREDITATION OF PRIOR (EXPERIENTIAL) LEARNING (AP(E)L)



1. Course Attending/Applying for:

Start Date if Known

2. Purpose of claim (please specify):

Accreditation with specific modules
(complete section 7a)

☐

Module Number

Module Title

Confirmation of credits for access or to determine award
(complete section 7b)

☐

3. Personal details

Surname/Family Name _____
(BLOCK CAPITALS)

First name(s) _____

Previous surname, if changed _____

Address _____

Postcode

Telephone No. Home: _____
(including STD code) Work: _____

Email: _____

Date of Birth

Day	Month	Year

Female ☐

Male ☐

Professional Registration No./PIN _____

OFFICE USE ONLY

TRACKING NUMBER:

Date Received:

Comments:

4. RELEVANT ACADEMIC QUALIFICATIONS						
e.g. Diplomas and degrees	Subject/Units	Date		Place of study	Results (grades of bands)	CATS Points (if applicable)
		Month	Year			

5. PROFESSIONAL QUALIFICATIONS					
e.g. EN, RN, RM etc. including CPD courses	Date		Place of study	Results (grades of bands)	CATS Points (if applicable)
	Month	Year			

6. EQUAL OPPORTUNITIES MONITORING (please tick appropriate box).

THIS INFORMATION WILL NOT BE GIVEN TO ADMISSIONS TUTORS FOR SELECTION PURPOSES.

As part of its equal opportunities policy this institution carries out regular monitoring of student applications by gender, ethnic origin and disability. Provision of information on ethnic origin is voluntary but we hope that you will agree to provide it to assist us in the implementation of our equal opportunities policy.

<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK (OTHER)	<input type="checkbox"/> BANGLADESHI
<input type="checkbox"/> BLACK (CARIBBEAN)	<input type="checkbox"/> INDIAN	<input type="checkbox"/> CHINESE
<input type="checkbox"/> BLACK (AFRICAN)	<input type="checkbox"/> PAKISTANI	<input type="checkbox"/> OTHER
	<input type="checkbox"/> ASIAN (OTHER)	

7a) If accreditation with specific modules is required, complete this section.

[illegible]

7b) If confirmation of credits required, complete this section .

Credits to be confirmed	Evidence supplied

I confirm that, to the best of my knowledge the information given on this form is correct.

Signature: _____ Date: _____

8. Please indicate how you heard about AP(E)L _____

**Please return this form to: Personal Development Department.
Faculty of Health,
Birmingham City University,
City South Campus,
Westbourne Road,
Birmingham B15 3TN
Tel No: 0121-331 7011**

Feb 2010