

**Recognition of Prior Experiential Learning (RPEL):**

**Request for Initial Assessment of Claim**

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| If you require any assistance completing this form Alex Bostock can be contacted on 01904 321380 or dohs-rpl@york.ac.uk |

**DATA PRIVACY NOTICE**

The information provided on this form will be used by the academic department(s) to which you wish to apply and by other appropriate offices of the University to consider your application for Recognition of Prior Certificated Learning (RPCL). Data will be processed because you the data subject (applicant) consent to this and as processing is necessary for the performance of a contract/ to take steps to enter into a contract with you, namely to obtain RPCL as part of the programme of study on to which you have/ intend to enrol. Data will be shared with the academic department(s) of the University on to whose programmes you have/ intend to enrol, Student Recruitment and Admissions and Student Services and any other offices of the University as may be required for the purposes of considering the application of RPCL, for recording and acting upon its outcome. Data may be transferred internationally to those partners of the University as specifically require it for the fulfilment of the University’s obligations such as in cases where you have/ intend to enrol on a programme delivered and awarded with another institution. In such cases where the sharing of data is necessary this will be undertaken using secure means within international protocols. For the remainder of this privacy notice see, [General Privacy Notice](https://www.york.ac.uk/records-management/dp/your-info/generalprivacynotice/).

**1. APPLICANT DETAILS**

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| **Name** |  |
| **Address** |  |
| **Email\***  |  |
| \* Note: the Department will communicate with you regarding your claim via the email address you provide |
| **Telephone (Home)** |  |
| **Telephone (Work)** |  |
| **Have you studied with the Department of Health Sciences before?** Please give details of the dates when studying and the name you studied under at the time (please confirm even if you previously withdrew). |  |

**2. DETAILS OF THE PROGRAMME OF STUDY AT YORK TO WHICH YOU WISH TO APPLY FOR RPEL**

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| **Department name** | Department of Health Sciences |
| **Programme title** |  |
| **Year of entry** |  |

**3. APEL DETAILS**

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| **Number of credits for which RPEL is being sought:** |  |
| **Name of the Module(s) at York against which the credit would count:** |  |

**4. PRIOR LEARNING DETAILS**

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| **Where the experiential learning took place** | **Dates when the learning took place** |
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| **Outline of the nature of the experience and relevance to the proposed programme** |
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| Applications for RPEL should be submitted to the APL contact:**Alex Bostock, Student Assessment Office, Department of Health Sciences, University of York, York, YO10 5DD** The Department will respond within 10 working days. |