

**Application for Recognition of Prior Certificated Learning (RPCL)**

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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](mailto: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 RPCL**

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| **Department name** | Department of Health Sciences |
| **Programme award you are applying to study for** | DipHE / BSc / BA / PGDip / Postgraduate study (please delete as applicable) |
| **Programme title** |  |
| **Planned start date** |  |

**3. RPCL INFORMATION – how your claim will be assessed**

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| **RPCL claims are assessed on the following criteria:**  **Authenticity** – is the evidence genuine, and is the achievement clearly the applicant`s own?  **Relevance** – is the learning demonstrated by the evidence relevant to the target programme of study at the University of York? This means it must be at the same level, meet similar learning outcomes, and cover a similar knowledge and skills base. The level, learning outcomes and knowledge base need not be identical but must be close to those in the target programme.  **Validity** – does the evidence support the claim? Is it relevant to the learning outcomes for the area(s)? Are the learning, knowledge, skills and achievements demonstrated through the evidence at an acceptable level?  **Sufficiency** – is there sufficient evidence to support the claim?  **Currency** – is the learning current (ie the date of the qualification which includes the previous learning is within the previous five years), or if not, is there evidence of appropriate updating? *Please note RPCL exception for Non-Medical Prescribing for Advanced Clinical Practice programmes.* |

**4. PRIOR LEARNING DETAILS**

*(Include in this section all modules and/or programmes of study taken at the University of York or elsewhere that you wish to accredit to your forthcoming programme)*

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| **Institution at which the prior certificated learning was undertaken (title and address)** | **Qualification obtained** | **Dates of attendance** |
| *eg University of York* | *Tissue Viability module (20 credits)* | *Jan-Apr 2011* |
| *eg University of Hull* | *DipHE in Nursing (Adult)* | *Oct 2009 – Sept 2012* |
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**5. SUPPORTING DOCUMENTATION CHECKLIST**

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| Applicants are responsible for ensuring that all evidence and supporting material is submitted in English. Translations into English must be certified, with original documents available on request. | |
| **Documents** | **Provided**  (delete as applicable) |
| **Authorised academic transcript(s)** including details of the marking scheme used by the institution(s) (include a copy of both sides of your transcript)  *(note this is not a requirement if you applying to accredit a previous pre-registration nursing or midwifery award)* | Yes / No / Not applicable |
| **Evidence of practice hours completed** – this could be an email from your previous institution confirming the number of hours or a transcript  (*note this only applies to pre-reg nursing applicants*) |  |
| **Curriculum details** of subjects studied at the previous institution(s)  *(note this is not a requirement if you applying to accredit a previous pre-registration nursing or midwifery award)* | Yes / No / Not applicable |
| **Evidence of Annual Update** *(For Non-Medical Prescribing as part of Advanced Clinical Practice programmes – certificate of update or statement from Line Manager)* | Yes / No / Not applicable |
| Degree or Diploma **award certificate** | Yes / No |
| A **NARIC certificate**  *(If the request for exemption is on the basis of prior learning gained from a non-UK institution)* | Yes / No / Not applicable |
| Evidence of a **professional qualification** – supply PIN number  *(applies to applicants who do not hold a DipHE award and have completed nursing or midwifery training)* | PIN:  Not applicable |
| **Name change** documentation  *(evidence of name change must be supplied if you have previously studied under a different name)* | Yes / No / Not applicable |
| In addition to the information above - If the request for exemption is on the basis of prior learning gained **more than five years before the start of the programme** you are applying for at the University of York – Evidence is required of updating and ongoing development in order to demonstrate that learning is current. Evidence should include: | |
| Current **CV**  *(including any continuing professional development undertaken in the last 5 years)* | Yes / No / Not applicable |
| **Essay**  *(written within last 5 years – full guidance for essay requirements can be found on the Department’s webpages)* | Yes / No / Not applicable |

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| Applications for RPCL should be submitted to the RPL contact:  **Alex Bostock, Area 2, Student Assessment Office, Seebohm Rowntree Building, Department of Health Sciences, University of York, York, YO10 5DD**  All applications and supporting documentation should normally be received by the RPL representative in the relevant department at **least 3 months** prior to the date on which the chosen programme of study will begin. Applications will be considered within four weeks, and the Department will notify you in writing via email of the University’s decision.  There is no fee payable for consideration of RPCL applications.  RPCL will not impact on the tuition fees charged. |