

Recognition of Prior Learning (RPL)

Please return this form and your certified certificate(s) to Student and Customer Services, The London Institute of Banking & Finance, 4-9 Burgate Lane, Canterbury, Kent, CT1 2XJ. Alternatively, these can be scanned and emailed to enquiries@libf.ac.uk.

1. PERSONAL DETAILS

LIBF number _____	Title (eg Mr / Mrs / Ms etc) _____
First name(s) / Given name(s) _____	Last name / Family name _____
Date of birth _____	Maiden / previous name _____
Telephone no. _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact address _____	Preferred email address _____
Postcode _____ Country _____	

2. QUALIFICATION FROM ANOTHER PROVIDER

To be able to award a RPL we need to see **certified** copies of your existing qualifications.
Enter below the details of the qualification you wish to use towards a RPL

Awarding Body of Qualification _____

Name of Award _____

Name of Unit _____

Date Awarded Qualification Accreditation Number (if known) _____

Awarding Body of Qualification _____

Name of Award _____

Name of Unit _____

Date Awarded Qualification Accreditation Number (if known) _____

Awarding Body of Qualification _____

Name of Award _____

Name of Unit _____

Date Awarded Qualification Accreditation Number (if known) _____

Awarding Body of Qualification _____

Name of Award _____

Name of Unit _____

Date Awarded Qualification Accreditation Number (if known) _____

3. QUALIFICATION

Please confirm the qualification you wish to have your prior learning considered towards eg CeMAP® / DipFA® etc

State the units of the above qualification that you wish to be considered for your RPL eg UKFR

4. DECLARATION

We will process your data in accordance with the principles of the UK Data Protection Act (1998). By supplying your address, telephone number and email details you are giving your consent for us to contact you in any of these ways in connection with this request.

- I confirm that by completing and submitting this form I give consent to the processing of this data.
- I confirm that to the best of my knowledge all the information that I have given is correct.
- I have enclosed certified copies of my qualification and these have been certified by my employer or someone who has known me for two years or more and are signed and dated.
- I have read, understood and agree with the policies, terms and conditions available online at www.libf.ac.uk.

Signature _____

Date _____

5. OFFICE USE ONLY

Date claim received _____ Checked by _____

Acknowledgment sent _____

Date passed to FE Programmes department _____

Request checked by _____ Date _____

RPL granted yes no RPL awarded yes no

Date student informed of outcome _____

Letter Code Sent _____

Guidance notes for Recognition of Prior Learning (RPL) Claim Form

Section 1 – Contact details

LIBF number

This number can be found on the confirmation email / letter that you will have received when you initially registered with us. Members of the Institute of Financial Services can find their membership number on their membership card.

Date of birth

Your date of birth must be included on the form so that we are able to confirm your identity when processing your request.

Maiden / previous name

Please include any previous names that you registered with. This information is required for identity verification purposes.

Telephone number

In order for us to deal effectively with your request, a contact telephone number is required. If we do not have this information a delay may occur in us being able to process your application.

Preferred email address

Please provide an email address to enable us to contact you.

Section 2 – Qualification from Another Provider

Please list the qualifications you have completed with another provider you wish us to consider RPL. In order to consider the award for RPL, we require certified copies of your certificate(s).

All certificates must be certified as a true copy of the original by either your employer or by another professional such as a Doctor, Teacher, Solicitor, Lawyer, Banker or Police Officer.

To certify a copy the 'certifier' should:

- state the following on the document, 'I have seen the original document and I certify that this is a complete and accurate copy of the original';
- write their name, position and / or capacity (eg lawyer / employer) and a contact address;
- add their signature and date.

Section 3 – Qualification

Please confirm the The London Institute of Banking & Finance qualification that you wish to have your prior learning considered towards eg CeMAP®, DipFA® etc.

Also state the units of the above qualification you wish to be considered for RPL eg UKFR, FSRE etc.

Section 4 - Declaration

A declaration is included at the end of the form to confirm that the information that has been given is correct and true. Please read all statements and tick to confirm you have read them.

Signature You must sign the application form. Unsigned forms will be rejected and returned.

Once completed the form and evidence of prior learning can be returned by:

Email customerservices@libf.ac.uk

Post Student and Customer Services
The London Institute of Banking & Finance
4-9 Burgate Lane
Canterbury
Kent
CT1 2XJ