# COLLEGE OF INTEGRATED CHINESE MEDICINE APL EXEMPT APPLICATION FORM

Student request for recognition of prior certificated and/or experiential learning

**Initial profile form** 

Name		
Address		
Telephone Number	Work	Home
E-mail address		
If you have already applied to University please provide de	o, or been accepted on a coustails of this below.	urse at the Health Sciences

Course Title: BSc Acupuncture	
Application made	Place offered

### **Outline of prior learning**

The following sections of the form ask for details of prior learning of various forms: certificated prior learning, formal learning which has not been assessed, and experiential learning. A brief description of the types of activity which should be included is given under each heading.

## Certificated prior learning

Certificated prior learning is learning which has been gained as part of a formal programme of study, which has been assessed, and for which a qualification has been awarded. Such learning can include: HE qualifications, professional qualifications, national vocational qualifications, courses which have been credit rated by other HE institutions.

Qualification	Institution/	Subject(s) studied	Dates	
	awarding body		from	То

#### Formal learning which has not been assessed

Prior formal learning which has not been assessed is likely to come in the form of training courses (either in-house or provided by training organisations) or some form of continuing professional development. These courses may form part of your claim for experiential learning.

Title of	Organisation providing the	Main subject	Dates and
course	course	content	duration

#### **Experiential learning**

This section should include a brief outline of experiences which have provided the basis for the learning which will be contained in your RPEL claim. A range of activities can be included where appropriate - for example, work experience, activities undertaken in a voluntary capacity, interests which have been pursued to a level of expertise etc.

Posts held/context of learning	Main responsibilities	Employer/organisation	Dates
Additional informat	ion		
	itional information that y	ou feel may be relevant in s	support of
Please provide any add	itional information that y	ou feel may be relevant in s	support of
Please provide any add	itional information that y	ou feel may be relevant in s	support of
Please provide any add	itional information that y	ou feel may be relevant in s	support of
Please provide any add	itional information that y	ou feel may be relevant in s	support of

When completed, please return this form to the Dean

Review date: 2025