

 **Seychelles Qualifications Authority**

**Recognition of Prior Learning Application Form**

**Personal information:**

**Title: Mr / Ms / Mrs**

**Name(s):** ………………………………………………………………………………….……………

**Surname:** …………………………… **Maiden Name (*if applicable*):** ………………………………

**Address**: ………………………………………………………………………………………….……

**Date of Birth:** ………………………...…  **N.I.N:** …………………………………….……...………

**Occupation:** …………………………………………………………………………………………...

**Organisation:** ………………………………….……….……………………………………………..

**Phone Number:** **Work**: ………………/ **Mobile:** …………….……….../ **Home:** ……….....….…....

**Email Address:** ……………………………………………………………………………….….……

I …………………………………………………………………………… wish to enroll on and participate in the RPL process, to have my competencies evaluated for the purpose of (please tick in the appropriate box):

* Personal development by gaining credits towards a qualification
* Progression into learning programme
* Seeking acceptance to higher studies
* Promotion and salary enhancement in an organisation
* Changing a career path
* Necessity to abide to a new regulation to conserve employment

In the field of ……...…………………………………………………………………...………...…

**Qualification targeted:** ………………………………………………………………………...……

**Qualification(s) obtained:**

I possess the following qualification(s):

1. ………………………………………………………………………………………………
2. ………………………………………………………………………….………..………….
3. ………………………………………………………………………………………………
4. ………………………………………………………………………………………………
5. ………………………………………………………………………………………………

**Other certificates obtained:**

1. ……………………………………………………………………………….…………...
2. ………………………………………………………………………………..…………..
3. ………………………………………….………………………………………..………..
4. ……………………………………………….……………………………………..……..
5. …………………………………………………..………………………………..………

**Work experience in the field:**

I have …………………………. Years working experience in the field.

**Reference / Testimonial:**

I have a reference / testimonial from my workplace (please circle as appropriate)

**YES NO**

**Signature:** ……………………………...…… **Date of Application:** …………………………

**Processed by: [FOR OFFICIAL USE ONLY]**

**Name:** ……………………………………………………………………

**Designation:** ………………………………………………………………

**Signature:** ………………………………………………………………...

**Date:** ……………………………………………………………………….