

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:

Name:

Designation:

Signature:

Date: