# Accreditation of Prior Certificated Learning (APCL) exemption application

Applications for APCL will only be considered from learners who have achieved qualifications awarded by UK universities, Higher Education Institutions (HEIs) or Awarding Organisations (AOs).

Qualifications awarded by non-UK institutions will only be considered if they are recognised by the National Recognition Information Centre (NARIC) <http://www.naric.co.uk> as offering programmes equivalent to UK HE qualifications.

|  |  |
| --- | --- |
| **Name:** |  |
| **Membership number:** |  |
| **Date of submission of application:** |  |
| **Contact address:** |  |
| **Contact telephone number:** |  |
| **Contact e-mail address:** |  |
| **Level of exemption sought:** *e.g.* *Diploma in Procurement and Supply* |  |
| **Name of unit(s) for which exemption is sought:** *e.g. Contexts of Procurement and Supply* |  |
| **1. Name of qualification that provides the basis for the exemption against the chosen CIPS unit.** | |
| **Qualification name:** |  |
| **Name of awarding body or university**: |  |
| **2. Date qualification was taken:**  (date on orginal certificate must be within the last 5 years) |  |
| **3. Level of qualification:** |  |
| **4. Title of relevant units within the qualification:** | |
|  |  |
| **5. Checklist of evidence to be provided:**   * A copy of the qualification certificate * A copy of the qualification transcript (list of units) * Copies of relevant syllabus (learning outcomes etc.) showing content of qualification * A completed mapping document for each CIPS unit you are applying for an exemption from   *Please note: the qualification must:*   * *Be at the same academic level as, or above, the CIPS unit for which the exemption is being sought* * *Have equivalent, or more, learning hours to the CIPS unit for which the exemption is being sought* * *Demonstrate a 100% match to each of the learning outcomes within the CIPS unit for which an exemption is being sought* | |

**Please complete the payment details on the next page before submitting your documents.**

|  |  |  |
| --- | --- | --- |
| **6. Payment Details** | | |
| **Please note that your form will not be processed if your payment is not received with this form.** | | |
| **Payment by MasterCard Visa Amex Maestro** (delete as appropriate) | | |
| **Name as written on Card** | |  |
| **Please debit my card number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Issue number**   |  |  | | --- | --- | |  |  | | **Start date**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | |
| **Expiry date**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Exemption fee • £100 per unit applied for**  **(from 01 June 2013 through to 31 October 2013)**   |  | | --- | | Total Amount: | | |

CIPS will destroy these card details once payment has been taken.

|  |  |
| --- | --- |
| **Official Use Only:**  CIPS Customer Service Advisors to confirm all of the above areas are completed prior to assessment.  CIPS Customer Service Advisors to confirm if qualification appears on NARIC.  Signed………………………………………  CIPS Customer services team |  |

|  |  |
| --- | --- |
| **Application outcome** | |
| **Signed** | **Date** |