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# APPLICATION FORM FOR RECOGNITION OF PRIOR LEARNING

#### PLEASE PRINT

TITLE:		Student no.
SURNAME:		Institution:
FIRST NAME/S		ID/PASSPORT NO
POSTAL ADDRESS:		RESIDENTIAL ADDRESS
TELEPHONE NUMBER/S (If the number is not your own home reached)	number, please provide th	ne name of the contact person through which you could be
HOME:	WORK:	CELL PHONE:
FAX:	E-MAIL ADDRESS:	NAME OF CONTACT PERSON

RECEIPT NO:

ADMISSION

I WISH TO APPLY FOR RECOGNITION OF PRIOR LEARNING FOR ADMISSION INTO:

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(e.g. B	ation Tech)	Faculty/Programme	Department
CREDITS WISH TO APPLY	FOR RECOGNITION	OF PRIOR LEARNING FOR CREDITS F	OR THE FOLLOWING SUBJECTS:
Related Qualific e.g. B.Ed.	e.g. ETF		For office use only Level of learning Equivalent NQF level
APPLICANT'S S			DATE:
PARENT/GUAR RECEIVED BY:	DIAN SIGNATURE		DATE: DATE:
Please make p Clearly state y	our ID number or	nto our bank account. Student No. as Deposit reference Payable with application Central University of Tech STANDARD BANK	ce on the deposit slip.

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COM	MENTS: FOR OFFICE USE ONLY	
UNDE	ERTAKING BY APPLICANT:	
I herel	by declare	
(a)	that the above information is true and correct;	
(b)	that I have satisfied myself as to the contents of the Rules and Regulation of the institution.	
(c)	that I have satisfied myself to the steps within and the cost of the RPL process and that I process may or may not find me competent on account of my prior learning for admission Education programmes of study.	
(d)	that I accept responsibility for the prompt payment of all accounts as prescribed in the Policy amounts of which I am indebted to the CUT;	of the CUT and any othe
(e)	that I accept that I am liable for payment of all costs irrespective of whether I am found compethrough the RPL process.	etent or not yet competen
(f)	that I furthermore undertake to pay all legal costs of the CUT, including attorney-and client charges if I should fail to meet any obligations with regard to payments;	costs as well as collectinç
(g)	that the agreement arising from the signing of this application shall notwithstanding the place concluded at Bloemfontein.	of signature deemed to be
 Δ PP	LICANT'S SIGNATURE* DATE	
	ember: Both minors and parents/guardians have to sign the application form	
PAR	ENT'S/GUARDIAN'S SIGNATURE DATE	•••••
You m	nust include the documents indicated below:	
	certified copy of ID document/passport certified study records (results attained and academic records) and certificate of good conduct of previous certified copies of your certificates syllabi (short summation of what the course entails) of any courses attended/passed a brief job description of relevant positions you have held a brief CV proof of RPL application fee of R300.00 other:	s university/technikon/college
_	••••••	•••••

#### LEARNER PROFILE/CV

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## 1. Education and Training

\* Certificate

In the space below, please enter particulars of certificates, diplomas etc. which you have received for attending formal courses/programmes, short courses, in-service training courses, etc.

## ATTACH CERTIFIED COPIES OF YOU CERTIFICATES/DIPLOMAS/DEGREES

1.1 School Edu	ucation	<b>YEAR</b> E.g.	: 1970 CERTIFICA	TE Senior Certificate : INSTITUTION	N Bloemfontein High School
1.2 Further and Education	Higher	Period	Name of qualification	Institution	Year obtained:
Includes certified of:  * Certificate  * Academic record  2. Other	d 🗆	E.g. 1971-19	ng/Short courses	University of the South Africa	a 1976
Describe the learn	ing you acq	uired via short	_	er workshops in relation to the qualific	ation you seek admission to:
E.g. Name of cour	rse/ worksho	p: Communica	tion skills:	Institution: Telkom:	<b>Date/ Duration</b> : E.g. 12-13/08/2003 (2 days)
Name of course/we				Institution: Assessment included :	Date/ Duration
Includes certified	copies of:				
* Certificate  in Appendice (NUMBER)	I learnt to	):			
	I applied	it in my job i	n the following way:		
Name of course/w				Institution:	Date/ Duration
Includes certified copies of:	I learnt to			Assessment included :	

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E.g. Name of coul	rse/ workshop: Communication skills:	Institution: Telkom:	Date/ Duration: E.g. 12-13/08/2003 (2 days)
Name of course/w	orkshop:	Institution:	Date/ Duration
Certificate of atter	ndance:	Assessment included :	
Includes certified	copies of:		
in Appendice (NUMBER)	I applied it in my job in the following way:		
Includes certified copies of:  * Certificate  in Appendice (NUMBER)	Certificate of attendance .   I learnt to:  I applied it in my job in the following way:	Assessment included :	
Includes certified copies of:  * Certificate  in Appendice (NUMBER)	Certificate of attendance .   I learnt to:  I applied it in my job in the following way:	Assessment included :	

## 3 EXPERIENCE

3.1.1

### 3.1 Work Experience

**Current job information** 

Please list your work experience starting with the most recent work experience: If you were a supervisor indicate how many people were under you.

Please note that <u>group work</u> should also be listed when your contribution cannot be separated by the contributions of others (when the evidence cannot be proved to be your own work). If possible give an indication of your contribution

Employer: Co	ompany name	Work address		
Job Title		Period in this position		
JOD TILLE		r criod in this position		
	ties * Attach your job description	Direct supervisor:		
in Appendice A				
		Name:		
		Contact Number:		
120 11				
What knowledg	e and skills do you need to do the job?			
3.1.2 Othe	er Work Experience			
What was your job	title? What were your responsibiliti	es?		
What did you do?	What did you have to know to			
,	-	•		
Period	E.g. 1990–1994 Company	: Name &Contact details of supervisor:		
Job Title:	E.g. Secretary E.g. ABC Comp	pany E.g. Mr B Smith Tel no: 021 522 7890		
Responsibilities:	* Managing the diary of the office; * Ordering of			
	* Arranging appointments;			
What knowledge				
	nd skills do you Knowledge and skills needed:			
need to do the	Knowledge of diary management; Communica	tion and Computer skills, etc.		
job?	D : I Company	Nama (Cantast dataile of aumoridaer		
Job Title:	Period: Company	Name &Contact details of supervisor:		
Responsibilities:		_		
Responsibilities.	*			
	*			
	*			
What				
<i>knowledge</i> and				
<i>skills</i> did you				

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need to do the				
job?				
	Period	Company	Name &Contact details of supervise	or
Job Title:		. 3	,	
Responsibilities:	l	<del></del>		
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	*			
What				
<i>knowledge</i> and				
<i>skills</i> did you				
need to do the				
job?				
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	Period	Company	Name &Contact details of supervisor	or
Job Title:	2 3,100	company	a comunity dotails of supervise	
Responsibilities:		<del></del>		
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14/1				
What				
<i>knowledge</i> and				
<i>skills</i> did you				
need to do the				
job?				
-				

#### 4. Volunteer/ service

Describe your involvement in volunteer work. Indicate the organisation, type of project, your role (e.g. secretary,); and the learning that you obtained that is relevant to the learning programme/qualification that you are being assessed for RPL. Describe exactly what you had to know or do to be able to function in your role.

Give Witness statements where possible:	E.g. Organisation's name: Fund raising. Role: Action: Learnt to:	Committee member. Planning events.	
	Had to use skills of :		
	Job title of witness:	ss: Cell. number:	

5. Hobbies/interests	Supply a summary of any relevant hobbies or activities that you have undertaken that could assist in the RPL process.				
	What kind of learning did you obtain?				
	Learnt to:				
	Had to use skills of :				
			_		
	DECLARATION C	OF AUTHENTICITY			
Instructions: Complete this	declaration as part of the validation p	rocess.			
·	·				
1			(full name)		
			. (ID number)		
	-f.H-!- (0)/ff				
declare that the contents	of this CV are evidence of my ow	n learning and experience.			
Please note that group v	<u>vork</u> should also be listed when y	our contribution cannot be sep	parated by the contributions of		
others (when the evidence	ce cannot be proved to be your ov	vn work). If possible give an i	ndication of your contribution.		
,	,	, ,	,		
Signature of applicar	nt:				
Date:					
Date.					
		OR OFFICE USE			
Head of department		Dean:			
Comments	Recommendation and Signature	Comments	Recommendation and Signature		