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Welcome to Accelerate

Recognition of Prior Learning (RPL) Form

Classification: Public

|  |  |  |
| --- | --- | --- |
| **Version History** | | |
| **Version** | **Date Amended** | **Changes Made** |
| 1 | Sept 2023 | Document created |
| 2 | Sept 2024 | Annual review, added document classification and rebranding |

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This form must be used when a training provider is requesting recognition for learners’ achievements in functional skills and other mandatory qualifications listed as a requirement in the relevant assessment plan. Please refer to the Recognition of Prior learning (RPL) policy for further information.

|  |  |
| --- | --- |
| **Training Provider** | Training Provider |
| **Learner Name** | Learner name |
| **Unique Learner Number (ULN)** | Unique Learner Number (ULN) |
| **Apprenticeship Standard and Version** | Apprenticeship Standard and Version |
| **Previous End- Point Assessment Organisation (EPAO)** |  |
| **Apprenticeship Standard and Version** | Apprenticeship Standard and Version |

**I can confirm that the following gateway evidence has been uploaded to ACE360:**

|  |  |
| --- | --- |
| **Evidence** | **Y / N** |
| Attainment of Functional Skills level 2 in mathematics and English. |  |
| Mandatory qualifications detailed as a requirement in the relevant assessment plan. |  |
| Completed Accelerate People gateway documentation, including the learner’s certificate authorisation form. |  |
| Gateway checklist and competence affirmation signed by the learner, training provider, and employer. |  |
| Documentation verifying any name alterations (e.g., marriage certificate) |  |
| Standard-specific documents / evidence, such as project proposals. |  |
| **RPL Supporting Evidence** | |
| **Please provide evidence of any previous EPA attempts and the reason for the transfer to Accelerate People** | |
|  | |

**Learner confirmation:**

I confirm that the information provided is accurate and I agree to this data being shared with Accelerate People.

|  |  |  |  |
| --- | --- | --- | --- |
| **Learner Signature** |  | | |
| **Name** |  | **Date** |  |

**Provider / Employer confirmation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | | |
| **Name** |  | **Email** |  |
| **Date** |  | **Phone number** |  |

**Please note if this form is not fully completed, it may delay the process.**

**Internal use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **For use by Accelerate People:** |  | |  |
| **Date form received:** |  | |  |
| **Request approved:** | **Yes** | **No** | |
| **Date decision sent back:** |  | |  |
| **Rationale for decision:** |  | |  |
| **Signature:** |  | |  |
| **Full name:** |  | |  |
| **Date:** |  | |  |

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