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**CIBTAC / SALLY DURANT LEVEL4 QUALIFICATIONS**

**APPLICATION FOR RPL**

**Applications submitted on or before the 18th day of the calendar month will be reviewed by the Education Team, and receive the outcome, by the end of that month.**

**This form will extend as you complete your information**

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| --- | --- | --- | --- | --- | --- |
| FIRST NAME | | FAMILY NAME | | | |
|  | |  | | | |
| DATE OF APPLICATION | | DATE OF BIRTH | | | |
|  | |  | | | |
| YEARS IN BEAUTY THERAPY PRACTICE | | YEARS IN MEDICAL / HEALTHCARE PRACTICE | | | |
|  | |  | | | |
| YEARS IN FULL TIME AESTHETIC PRACTICE  (See note 3.1 on page 4 of Student Guide to RPL) | | YEARS IN PART -TIME AESTHETIC PRACTICE  (See note 3.1 on page 4 of Student Guide to RPL) | | | |
|  | |  | | | |
| TITLE OF COURSE YOU ARE APPLYING FOR | | | | | |
|  | | | | | |
| COURSE UNITS FOR WHICH YOU WISH TO CLAIM RPL  **(please delete as applicable)** | | | | | |
| SD UNIT 1 – CORE KNOWLEDGE FOR AESTHETIC PRACTICE  SD UNIT 4 – CHEMICAL SKIN PEELING  SD UNIT 5 - MICRO-NEEDLING  SD UNIT 6 - BLEMISH REMOVAL WITH SHORT WAVE DIATHERMY  SD UNIT 6 - BLEMISH REMOVAL WITH CRYOTHERAPY | | | YES  YES  YES  YES  YES | NO  NO  NO  NO  NO | |
| YOUR EDUCATION & PROFESSIONAL QUALIFICATION BACKGROUND  **Please supply ALL certificates** | | | | | |
| LIST YOUR GCSE’S OR EQUIVALENT & THE GRADES YOU ACHIEVED | | | | | |
|  | | | | | |
| LIST YOUR ADVANCED LEVEL ACADEMIC QUALFICATIONS & THE GRADES YOU ACHIEVED | | | | | |
|  | | | | | |
| LIST YOUR PROFESSIONAL QUALFICATIONS  **These must be OFQUAL regulated qualifications accredited by an nationally recognised awarding body, UKAS or a university (or international equivalents)** | | | | | |
|  | | | | | |
| TREATMENT MODALITY SPECIFIC TRAINING | | | | | |
| CHEMICAL SKIN PEELING  Please supply ALL certificates and stipulate the peeling agent formulations you have used including their  percentage strength and pH | | | | | |
|  | | | | | |
| MICRO-NEEDLING    Please supply ALL certificates and stipulate whether you have trained in manual rollers and / or mechanised devices | | | | | |
|  | | | | | |
| BLEMISH REMOVAL BY SWD  Please supply ALL certificates | | | | | |
|  | | | | | |
| BLEMISH REMOVAL BY CRYOTHERAPY  Please supply ALL certificates | | | | | |
|  | | | | | |
| OTHER RELEVANT TRAINING  ( eg. First Aid, Health and Safety, etc) | | | | | |
|  | | | | | |
| PROFESSIONAL PRACTICE EXERIENCE IN THE BEAUTY AND AESTHETICS SECTOR  Please include dates | | | | | |
| Date From / To | Place of Work | Position / Role /  Treatments Provided | | | F/T or P/T |
|  |  |  | | |  |
| OTHER PROFESSIONAL EXPERIENCE  Eg ; Teaching / Training / Committee Memberships / Conference Speaker / Industry Body Representation etc | | | | | |
| Date From / To | Place of Work | Position / Role | | | F/T or P/T |
|  |  |  | | |  |
| ANY OTHER INFORMATION THAT MAY BE RELEVANT TO YOUR APPLICATION  EG. Specific learning needs / language / time constraints etc | | | | | |
|  | | | | | |
| YOUR PERSONAL STATEMENT  Please describe how your experience and knowledge in the specialist areas for which you are seeking RPL qualify you for exemption from elements of your chosen course of study | | | | | |
|  | | | | | |
| PRESENTING YOUR PORTFOLIO OF EVIDENCE | | | | | |
| Your application for RPL must be accompanied by validating documentation for each element of prior learning, qualification, training and experience and should verify all the information you have provided on this form.  These documents must be presented in a coherent portfolio with a clear contents index and page numbers. It can be either in digital or printed form  The documents / validating information should include the following as applicable:   * Certificates * Employer References\* * Training Provider References * Supplier / Trade References\* * Witness Statements\* * Client case studies\* * Research evidence   \* **Note** all References must be accompanied by the contact details of the individual referee for validation purposes | | | | | |
| DECLARATION | | | | | |
| I hereby confirm that the information I have provided is complete and accurate to the best of my knowledge and that I would like to submit my application for the award of RPL to the Sally Durant Education Team. I understand that any information I have given on this form will be treated in line with GDPR legislation and the Sally Durant Privacy Policy on the company website – www.sallydurant.com.  SIGNED  NAME  DATE | | | | | |