

D e t a i l s S e c t i o n	
Full Name:	
Postal Address:	
Phone Number:	
Email Address:	
NZQA ID / NSI Number:	
Kaiako Name:	
Programme you are applying for RPL for:	
Campus / Site Name:	
Do you meet the entry criteria for the programme you are applying for:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for / or do you currently have a student loan or allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>PLEASE NOTE: This application may affect your student loan and allowances eligibility.</p>	

Please fill in Learning Outcome / Assessment Form Provided by Kaiako

- Ensure you attach documentation that supports your application showing how your prior learning matches the entry criteria or learning outcomes of the Ako Konae / Modules / Units / Courses above. Evidence may include: Curriculum Vitae, certificates, references, photographs, examples of work done, demonstration of tasks, attestation from mentor or former tutor, description of your activities.
- Your evidence will be assessed against the entry criteria or learning outcomes of the Ako Konae / Modules / Units / Courses for which you are seeking entry or credit. You may be asked to undertake assessment tasks to demonstrate current competency.

I understand that this application may affect my student allowance, fees and loans. I also declare that the information provided in this application is true and correct.

Taura Signature:

Date:

Appeal

If you are not satisfied with the outcome of the application, you may appeal the decision by completing the Appeals Application form and submitting it to the Aukaha Taunaki (Head Educational Support)

TAUIRA CHECKLIST:

- Details Section Completed.
- RPL Assessment/Learning Outcome Form completed.
- Interview completed if required.
- Portfolio/supporting documentation collated, analysed and matched to the expectations of the learning outcomes/ kōnae ako and the kaiako.
- Portfolio/supporting documentation attached.
- Form signed.
- Submit application to kaiako for assessment.

TWōA CHECKLIST:

Name of Kaiako:	
Date Application Received from Tauira:	
Date Assessment Completed:	
Assessment Recommendation:	
<input type="checkbox"/> Approve	
<input type="checkbox"/> Decline and state why:	
<input type="checkbox"/> Application and kaiako assessment section completed and submitted to peer reviewer.	
<input type="checkbox"/> Recommended decision and supporting documentation submitted to Academic Committee Takiwā (ACT)	
<input type="checkbox"/> Notified tauira of ACT decision.	
Kaiako Name:	
Kaiako Signature:	

Name Kaiārahi:	
Date Application Received from Kaiārahi:	
Date Kaiārahi Review Completed:	
Kaiārahi Review Recommendation:	
<input type="checkbox"/> Endorse kaiako assessment recommendation	
<input type="checkbox"/> Does not endorse kaiako assessment recommendation and state why:	
Kaiārahi Reviewer Name:	
Kaiārahi Reviewer Signature:	

Academic Committee Takiwā (ACT):	
Date Application Received from Kaiako:	



Date of ACT Meeting:	
Decision from Academic Committee Takiwā:	
<input type="checkbox"/> Application Approved	
<input type="checkbox"/> Application Declined	
<input type="checkbox"/> Application, evidence and assessment viewed by ACT.	
ACT Chairperson:	
Signature:	

Te Wāhanga Whakauru Tauira:	
Date Received from ACT	
Date Enrolment Processed:	
<input type="checkbox"/> Letter and relevant evidence filed	

