



**Request for Recognition of Prior Learning
Apprenticeship Entry / Advanced Level Training Programs**

Contact Information

Name (first, last) _____

Registration #: _____

Address 1: _____

Address 2: _____

Town, Province: _____

Postal Code: _____

Primary Tel: _____

e-mail: _____

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of apprenticeship and trade qualifier registration. If you have any questions about the collection, use and disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email app@gov.nl.ca.

Program Information (Office Use)

Occupation to be assessed: _____

Start date: _____

Current apprenticeship level: _____

Blocks completed to date: 0 1 2 3 4 5

POT Version for any prior training: _____

Previous Trades (name and POT version): _____

Prior Formal Learning to Be Assessed

Prior formal learning includes any learning received at a formal educational institution for which credit was received, but which does not have an articulation agreement with the Provincial Apprenticeship and Certification Division.

Remember to include your supporting documents. To prove prior formal learning, you must attach a certified transcript from the school where the learning was received. You must also include verifiable course documents (outlines, school calendars, etc.) which clearly identify the objectives and outcomes of each course you are submitting for assessment. If the course in the NL provincial curriculum for which you are seeking credit contains practical objectives, your outlines must clearly show practical objectives and assessment (testing) of those objectives. It is your responsibility to provide this information, not the assessors.

1. Name and address of School where learning was received

Who may we contact at this school to verify learning if necessary? (name and tel. number)

Course Name & Number From Sending Institution	Course Name & Number in NL Provincial Curriculum	Place this letter on all documents which support this learning
		A
		B
		C
		D
		E
		F
		G
		H
		I
		J
		K
		L
		M

If you require further space to identify Prior formal learning, please copy this page and insert the copy with this form. Please re-letter the 3rd column **on the copy**.

Prior Informal Learning to be Assessed

Informal learning includes any learning not associated with a formal learning institution. The sources of this learning include, but are not limited to:

- Work experience
- Non-credit training courses received at the workplace or through continuing education programs at colleges or universities
- Volunteer experience
- Acquired skills developed through life experiences

To receive credit for this informal learning, you will be evaluated using challenge methods. This means you will have to complete theoretical and possibly practical tests of your knowledge and abilities. The evaluation methods will be determined by your assessor, and outlined in the Assessment Plan (PL-200) which you will review and sign before beginning assessment.

You will be expected to demonstrate the same understanding and command of the learning objectives for each course you have identified as someone who has completed the course in a standard in-school training program.

Prior Learning Experience

Place this number on all Documents which support this learning

1

Please identify where this learning took place (workplace, volunteer organization, etc), and the approximate dates during which the learning occurred:

Where? _____

When? _____

Please describe the nature of the activity, and how it provided you with skills, abilities and knowledge which are relevant to this occupation (trade). Be as descriptive as possible.

Identify the course name(s) and number(s) in the NL Curriculum which you believe you could successfully challenge with the skills, knowledge and abilities acquired through this experience.

A	Course Name	Course Number
B	Course Name	Course Number
C	Course Name	Course Number
D	Course Name	Course Number

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Prior Learning Experience

Place this number on all Documents which support this learning

2

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D	Course Name	Course Number

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Prior Learning Experience	Place this number on all Documents which support this learning	3
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Prior Learning Experience

Place this number on all Documents which support this learning

4

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C	Course Name	Course Number
D	Course Name	Course Number

If you require additional space to identify prior informal learning experiences, please copy one or more of the previous pages and attach to this document.

Special Needs

Volunteering information about any special accommodations, you require or learning challenges you face is voluntary for the applicant, but may result in a better assessment outcome. Any information you provide will be shared with the Prior Learning Assessor. If you wish, please provide this information here (attach additional pages if necessary):

Four horizontal lines for providing special needs information.

Endorsement

I declare the information included to be a true and accurate representation of my prior formal and informal learning experiences. I understand that intentionally submitting false or misleading information may result in termination / refusal of my apprenticeship.

I consent to the sharing of information related to my assessment and apprenticeship by and between the Department of Immigration, Population Growth and Skills and the Educational Agency I will be attending.

If I wish to withdraw my consent, I may do so at any time by contacting or writing to my local office of the Apprenticeship and Trades Certification Division of Immigration, Population Growth and Skills. If I have any questions or concerns about how my personal information will be used, I can contact my Apprenticeship Program Officer.

Apprentice

Date

For Department Use

Date received: _____

APO Assigned: _____

Recommended for Assessment: RPL APO (Initial): _____

For College Use

Assessor name: _____

Date received: _____

Date of initial meeting: _____

PL-200 Creation date: _____