

Recognition of Prior Learning Policy

Application Form and Guide

This document should be read in conjunction with the RACP's Recognition of Prior Learning (RPL) Policy and Frequently Asked Questions.

How to apply

To apply for RPL, you need to do the following **within three months of commencing your training program**. RPL applications for recognition of relevant postgraduate coursework and research towards the requirements of Advanced Training Research Projects need to be submitted **within six (6) months of commencing your Advanced Training Program**.

- Read the RPL Policy and Frequently Asked Questions
- Ensure you understand the eligibility criteria, categories of RPL and five-year currency requirement
- Ensure you understand the requirements of your RACP Training Program and submit your RPL request for appropriate components
- Complete this application form, attach supporting documentation, and submit to the training program inbox
- pay the [application fee](#) once generated by the College staff
- Keep a copy of the completed application form for yourself before submitting

Contact Details

Contact details for application submission and questions can be found on your [Basic Training](#) or [Advanced Training](#) webpage.

1 Personal Details

Name

Surname

Other names (in full)

Address

City

State

Postcode

Phone

Email

2 Current Training Details

Please indicate your Training Program:			
Basic Training <input type="checkbox"/>	Faculty <input type="checkbox"/>	Chapter <input type="checkbox"/>	Advanced Training <input type="checkbox"/>

Training Program Name:

3 Category of Prior Learning

Refer to the RPL Policy for descriptions. Tick all categories that apply.

1. RACP training program Complete appendix **D** and ask your College Officer to locate your original training application
2. Non-RACP specialty training program Complete Appendices **A, D**
3. Research & postgraduate coursework, including applications towards the requirements of Advanced Training Research Projects Complete Appendices **B, D**
4. Experience outside a formal specialty training program Complete Appendices **C, D**

4 Declaration

I hereby apply to be granted recognition of prior learning for:

Date		Training Setting	Type of training/term seeking RPL for (e.g. Core, Non-core etc.)/details of project/coursework*
From	To		

Research Project/Postgraduate Coursework	
Research Project/Postgraduate Coursework	

* Please indicate which component/part of your current RACP training program requirement you are seeking RPL for and provide evidence for each in the appropriate appendix.

I declare:

- I have read and understood the College’s Recognition of Prior Learning Policy
- The information contained in this application is true and accurate

Applicant’s full name

Applicant’s Signature

Date

APPENDIX A: Non-RACP Specialty Training Program

Please complete a separate appendix for each training period.

1 Training Program Details

Training provider

Country

Training program

Select one:

Training program was **partially** completed

Training program was **completed**

2 Training Placement

Training Setting

Position title and subspecialty

Percentage of full-time

Duration

Dates: Commencing

Ending

3 Activities and Responsibilities (as applicable)

Hours in clinical activities per week

Number of inpatients per week

Number of outpatient clinics per week

Number of specialty clinics per week

Number of ward rounds per week

Hours per week spent in teaching

4 Training Activities (as applicable)

Number of grand rounds per week

Conferences attended during this period

'In house' seminar activities attended

Research activities undertaken hours per week
Details:

Assessments (work-based assessments and examinations) completed during this period
Attach copies of assessment records e.g., supervisor's reports, PREP assessments (or equivalent)

Diagnostic techniques completed during this period (if applicable)

Technique	Number Performed
<input type="text"/>	<input type="text"/>

Please provide a weekly timetable outlining daily activities

	am	pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

6 Examinations

Please outline any examinations taken (MCQ, Viva Voce, Clinical etc.)

Date	Institution	Specialty / Sub-specialty	Components of Examination

7 Supervisor/s

All supervisor/s should have had a close working relationship with the trainee during the period of RPL being applied for.

Supervisor 1

Name
Surname Other names (in full)

Position title

Phone

Email

Dates of supervision: Commencing Ending

Supervisor 2

Name
Surname Other names (in full)

Position title

Phone

Email

Dates of supervision: Commencing Ending

8 Supporting evidence required

Please note: You must attach learning goals and learning statements addressing relevant curricular learning objectives achieved (Appendix D).

- Supervisor Report/s covering the entire period of training included in this application

- Copy of original application for approval of training for rotation RPL is sought for
- Curriculum Vitae
- Position description
- Training program curriculum or requirements

APPENDIX B: Postgraduate Coursework and Research

Please complete a separate appendix for each course/research project completed.

*Only complete Question 1 if you are seeking RPL for **assessment requirements***

1 Assessment Details

Type of assessment (for example research project, case study)

Date/s undertaken

Assessment title / topic

Description of your involvement

Publication / presentation details

Only complete Question 2 if you are seeking RPL for **formal study requirements**

2 Course Details

Institution delivering formal study	<input type="text"/>
Name of course	<input type="text"/>
Date/s undertaken	<input type="text"/>
Formal study topic area	<input type="text"/>
RACP training component to which this formal study may be counted (for example Sexual Health Medicine)	<input type="text"/>

3 Supporting evidence required

Please note: You must attach learning goals and learning statements addressing relevant curricular learning objectives achieved. (Appendix D)

- Abstract or summary of research project or copies of assessment outcomes as required
- Project Supervisor Report/s if required by Training Committee
- Course outline
- Certified copy of evidence of completion (for example testamur / certificate)

APPENDIX C: Experience Outside a Formal Specialty Training Program

Only complete Appendix C if you are seeking RPL for learning gained outside a formal specialty training program (e.g. overseas experience, experience at a specialist level)

Please complete a separate appendix for each learning experience.

1 Reason for the Application

The College's RPL Policy requires that applications for learning undertaken outside a formal specialty training program give evidence that the applicant could not reasonably have applied prospectively (refer policy items 3 and 4 of the RPL Policy document found on the RACP Education Policy webpage).

The experience contained in this application was gained overseas prior to entry to the relevant College training program:

Yes
No

If you answered 'yes', please proceed to 2: Position Details

If you answered 'no', please provide the reason this application was not submitted prospectively:

2 Position Details

Training Setting	<div style="border: 1px solid black; height: 25px;"></div>
Position title and subspecialty	<div style="border: 1px solid black; height: 40px;"></div>
Percentage of full-time	<div style="border: 1px solid black; height: 40px;"></div>
Duration	<div style="border: 1px solid black; height: 30px;"></div>
Dates:	Commencing <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div> Ending <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>

3 Activities and Responsibilities (as applicable)

Hours in clinical activities per week*

* N/A for non-clinical specialty

Number of inpatients per week

Number of outpatient clinics per week

Number of specialty clinics per week

Number of ward rounds per week

Hours per week spent in teaching

Diagnostic techniques completed during this period (if applicable)

Technique	Number Performed

Please provide a timetable outlining daily activities

	am	pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

4 Evidence of ongoing educational activities

These may include any of the following:

Number of grand rounds per week

Conferences attended during this period

'In house' seminar activities attended

Research activities undertaken

 hours per week
Details:

Continuing professional development activities

OR

Assessments (work-based assessments and examinations) completed during this period
Attach copies of assessment records e.g. supervisor's reports, PREP assessments (or equivalent)

Other

5 Referees

All referees should have had a close working relationship with the trainee during the period of RPL being applied for.

Referee 1

Name	<input type="text"/>	<input type="text"/>
	Surname	Other names (in full)
Position title	<input type="text"/>	
Phone	<input type="text"/>	
Email	<input type="text"/>	

Referee 2

Name	<input type="text"/>	<input type="text"/>
	Surname	Other names (in full)
Position title	<input type="text"/>	
Phone	<input type="text"/>	
Email	<input type="text"/>	

6 Supporting evidence required

Please ensure you have spoken to the contact officer for the Training Committee who will be assessing your application for Recognition of Prior Learning to establish if any additional documentation is required.

Please note: You must attach learning goals and learning statements addressing relevant curricular learning objectives achieved. (Appendix D)

- Position description
- Relevant certificates of completion of training courses / CPD activities
- Letters of reference

APPENDIX D: Learning Goals and Learning Statements

To be completed by ALL applicants.

See the Recognition of Prior Learning Guide for Applicants for further information on how to complete.

1 Learning Goals

Demonstrate what you know and can do, and how this learning connects with College curricula, by listing achieved learning goals and reflecting on how your learning fits with your complete training program.

Goals achieved:

- 1.
- 2.
- 3.
- 4.
- 5.

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Reflection on training program:

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2 Learning Statements

Refer to the relevant College curricula (the Professional Qualities Curriculum, and the relevant specialty curriculum) and identify key competencies achieved during the prior learning.

Learning Statement 1

Curriculum:

Theme:

Statement:

**Documentary evidence
attached:**

Learning Statement 2

Curriculum:

Theme:

Statement:

**Documentary evidence
attached:**

Learning Statement 3

Curriculum:

Theme:

Statement:

**Documentary evidence
attached:**

Learning Statement 4

Curriculum:

Theme:

Statement:

**Documentary evidence
attached:**

List of Attachments

Please list every attachment in your application and include your name in the file name of each document.

No.	Description	File Name <i>e.g., Last name, First name – YYYYMMDD Description</i>
e.g.	<i>RPL Application Form</i>	<i>Your Name – 20210129 RPL Application Form</i>
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