

STEP ACCREDITATION OF PRIOR EXPERIENTIAL LEARNING

Application form

Complete this application in order to apply for 30 Entry Level credits to progress towards the Diploma Level of study and advance through the STEP membership categories. Please read the guidance on completing this form, available at www.cltint.com/stepentrylevel

Please complete in **BLOCK CAPITALS**

1. Personal Details

Title (e.g. Mr/Mrs):	Town/City:
First Name(s):	County:
Family Name(s):	Country:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Postcode:
Date of Birth (optional): <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Telephone Number (Preferred):
Address:	Telephone Number (Alternative):
	Email:

2. Details of Current Experiential Learning

Complete this section if you are currently working in a relevant role. If you have been working in this role for over 12 months, you do not need to complete section 3 overleaf.

If you are not currently working in a relevant role, but have been within the last 12 months, please leave this section blank and complete section 3 overleaf regarding your prior relevant experience.

Employer: _____

Address: _____

Town/City: _____

County/Country: _____

Postcode/Zip: _____

Industry sector: _____

Department: _____

Job role/title: _____

Dates job held: _____

Reported to (job title) _____

Key job responsibilities (list between 3–5):

Briefly list the core activities carried out under each job responsibility (as listed above):

Describe what you have learnt in these areas and what you are now able to do:

Please attach a separate sheet if required and/or to list additional employers.

For office use only

3. Details of Prior Experiential Learning

Complete this section to give us information about your previous role.

You do not need to complete this section if you have completed section 2 and have been working in the specified role for at least 12 months.

Employer: _____

Address: _____

Town/City: _____

County/Country: _____

Postcode/Zip: _____

Industry sector: _____

Department: _____

Job role/title: _____

Dates job held: _____

Reported to (job title) _____

Key job responsibilities (list between 3–5):

Briefly list the core activities carried out under each job responsibility (as listed above):

Describe what you have learnt in these areas and what you are now able to do:

Please attach a separate sheet if required and/or to list additional employers.

4. Payment Method

The fee for making an APEL application is £50 plus UK VAT

Please tick the appropriate box

Please invoice me at my home address

Please invoice my employer

Please ensure all fields below are completed

Invoice contact name: _____

Invoice telephone number: _____

Employer VAT number: _____

I wish to pay by debit/credit card

Please note to comply with the PCIDSS policy all card details must be supplied to CLT International via telephone. In order for the Client Services team to contact you regarding payment, please provide the relevant contact information for the cardholder/supplier below:

Full Name: _____

Contact number: _____

I enclose a cheque/bankers draft made payable to Wilmington Shared Services

I have made an electronic bank transfer to:

Account Name: Wilmington Shared Services Ltd

Receipts Bank: Barclays Bank PLC Sort Code: 20-20-70

Account No: 63867870 Bank Swift: BARCGB22

Please supply a remittance advice with payments quoting the invoice number. All cheque payments to be made payable to Wilmington Shared Services Ltd and sent to Accounts receivable, Beechwood House, 2-3 Commercial Way, Christy Close, Southfields, Basildon SS15 6EF.

All payment must be made in pounds sterling.

5. Referee

This section must be completed in full and signed and dated by your chosen referee. Your referee should have known you in a professional capacity during the relevant period and have supervised your work or be a STEP member. He or she is confirming your technical competence as detailed above.

I can confirm that
has proven his/her technical competence as detailed in this form.

Signature: _____

Date: _____

D	D	M	M	Y	Y	Y	Y
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Name: _____

Job title: _____

Professional Relationship to Applicant: _____

Company/Business Name: _____

Email: _____

Telephone Number: _____

STEP membership number (if applicable):

6. Data Protection

CLT International and STEP are committed to protecting the privacy and security of your personal information. By signing this document, you confirm that you have read, understood, and agree to CLT International's Privacy Policy which describes how CLT International and STEP collect and use personal information about you in accordance with data protection law. Please visit www.cltint.com/our-privacy-policy and www.step.org/privacy-notice to find out more.

Signature of Applicant: _____

Date: _____

D	D	M	M	Y	Y	Y	Y
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To return this form

By Post:

CLT International, Fort Dunlop
6th Floor, Fort Parkway, Birmingham B24 9FD

By Email: cltinternational@centlaw.com

