



OUTSPAN MEDICAL COLLEGE

Application Form for Recognition of Prior Learning (RPL)

Personal Details

Name: _____
Surname First Name Middle Name

ID No.:

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Cell No.: 1) _____ 2) _____

Email Address: _____

Physical Address: _____

Correspondence Address: _____

Present Occupation & Department: _____

Workplace: _____ Workplace Contacts: _____

Brief Summary of your Job Description: _____

Preferred Language(s) of Assessment: English Kiswahili

I. Please indicate the course in which you wish to apply for RPL: April Series August Series

	Course & Level	Tick
1	PERIOPERATIVE THEATRE TECHNOLOGY (POTT)-LEVEL 5	
2	PERIOPERATIVE THEATRE TECHNOLOGY (POTT)- LEVEL 6	
3	HEALTH SERVICES SUPPORT – LEVEL 5	
4	HEALTH SERVICES SUPPORT – LEVEL 4	
5	NUTRITION & DIETETICS –LEVEL 6	
6	NUTRITION & DIETETICS –LEVEL 5	
7	COUNSELING PSYCHOLOGY – LEVEL 6	
8	COUNSELING PSYCHOLOGY – LEVEL 5	

II. Please indicate the numbers of years of experience in the specific course: _____

III. Please attach the following documents

No.	Document	Certified	Attached
1	Certified copy of National Identity Card (ID) or a valid Passport for Kenyan Citizens certified by Commissioner for Oaths.		
2	Certified copy of a letter(s) of work experience certified by commissioner of oaths		
3	A detailed account of work experiences including duration, name of company/work place, department and skills learned.		
4	Copy of letters of references		
5	Evidence of payment of Application fee (Ksh.1,000) a) MPESA PAYBILL REF No. _____ Date & time Transacted: _____ PAYBILL No. 275970: A/C = Your Name		

IV. I certify that all information submitted above is true to the best of my knowledge & I understand that any false information submitted shall lead to **REJECTION** of my application.

Name (in CAPITALS): _____ Sign: _____ Date: _____

FOR OFFICIAL USE ONLY:	
Date Application Received: _____	
Date Application Reviewed: _____	
Approved for RPL Assessment: _____	Official Stamp
Not Approved for Assessment: _____	
Reason(s) for Rejection: _____	
Date Approval/Non-Approval communicated _____	
Name & Sign: _____	