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| **Bangor University**  **School of Medical and Health Sciences**  **RPL / APL Application Form**  Bangor University Logo | |
| FULL NAME: | DATE OF BIRTH: |
| HOME ADDRESS:  POSTCODE:  TELE NO:  EMAIL: | Professional registration number  NMC/HCPC/GPhC PIN:  Expiry Date: |
| PLACE OF WORK:  POSITION: | TELE NUMBER: |

**DETAILS OF APPLICATION AND SUPPORTING COMMENTS:**

**Signature of Applicant:……………………………………. Date: …………………..**

**Please complete electronically and send with copies of supporting information to**

**Health Sciences RPL mailbox:** [healthsciencesrpl@bangor.ac.uk](mailto:healthsciencesrpl@bangor.ac.uk)

**POINTS / CREDITS AWARDED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be completed by the student** | | | To be completed by the APL Co-Ordinator | | |
|  | Credit Exemption Title | Date Obtained | **Level** | Credit Points | Verification  Signature |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **Evidence of updating must be confirmed if the course was completed more than 5 years ago:** | | | | | |

**FOR OFFICE USE ONLY**

**COMMENTS:**

**Signature of RPL Co-Ordinator: ………………………………Date:…………….....**

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| **Prifysgol Bangor**  **Ysgol Gwyddorau Meddygol ac Iechyd**  **RPL / APL Ffurflen Gais**  Bangor University Logo | |
| ENW LLAWN: | Dyddiad Geni: |
| CYFEIRIAD CARTREF:  RHIF FON: | RHIF ADNABOD NMC/HCPC/GPhC PIN:  Dyddiad Terfynu: |
| GWEITHLE:  SWYDD/STATWS | RHIF FFON:: |

**NATUR Y CAIS A SYLWADAU YCHWANEGOL:**

**Llofnod yr Ymgeisydd:………………………………….. Dyddiad: …………………**

**Cwblhewch yn electronig ac anfonwch gopïau o wybodaeth ategol at**

**Health Sciences RPL mailbox:** [healthsciencesrpl@bangor.ac.uk](mailto:healthsciencesrpl@bangor.ac.uk)

**PWYNTIAU/CREDYDAU A DDYFARNWYD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I’w lenwi gan y myfyriwr | | | I’w lenwi gan y Cydlynydd APL | | |
|  | Teitl Rhyddhau rhag Gredyd | Dyddiad y’I cafwyd | **Lefel** | Pwyntiau credydd | Llofnod dilysu |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **Rhaid rhoi cadarnhad o ddiweddaru os gwynaed y cwrs mwy na 5 mlynedd yn ol::** | | | | | |

**AT DDEFNYDD SWYDDFA YN UNIG**

**SYLWADAU:**

**Llofnod y Cydlynydd RPL:………………………………Dyddiadd:…………………**