

1. Policy Statement

This policy provides a framework for the recognition of prior learning (RPL) for individuals seeking to enrol in Pre-Hospital Emergency Care Council (PHECC) approved courses. RPL is a process through which non-formal learning, informal learning, and prior experiences are assessed and recognised formally.

2. Purpose

The purpose of this policy is to:

- Ensure fairness and consistency in the recognition of prior learning and experiences.
- Enable learners with relevant prior knowledge and skills to gain appropriate recognition and potentially fast-track their certification process.

3. Scope

- This policy applies to all PHECC approved First Aid Response courses offered by the institution. It includes learning acquired through previous training, work experience, or other relevant life experiences.

4. Eligibility Criteria

- Applicants must provide evidence of prior learning or experience that is relevant to the PHECC First Aid Response curriculum.
- The learning or experience should have been acquired within the last three years to ensure current knowledge and skills.
- Applicants are required to meet all the mandatory prerequisites of the course for which they are seeking credit.



5. Application Procedure

- a. Initial Inquiry and Counselling - Applicants should contact the RPL coordinator for initial guidance. - Counselling will be provided to help applicants understand the process and assess their eligibility.
- b. Submission of Evidence - Applicants must submit a detailed portfolio including evidence of prior learning. This may include certificates, work experience records, reflective essays, or other relevant documents. - The portfolio should clearly demonstrate how their experiences map to the learning outcomes of the specific PHECC course.
- c. Assessment - A panel of qualified assessors will review the submitted evidence. - The assessment may include interviews, practical demonstrations, or additional assignments to verify the applicant's competence.
- d. Outcome - Decisions will be communicated to the applicant within a specified timeframe. - Successful applicants may receive exemptions from certain modules or components of the course.

6. Appeals Process

- Applicants who are dissatisfied with the outcome of the RPL assessment may appeal the decision.
- Appeals must be submitted in writing, stating the grounds for the appeal, within a specified timeframe after receiving the decision.



7. Confidentiality and Record Keeping

- All information and documents provided by the applicant will be treated confidentially.
- Records of RPL assessments and outcomes will be maintained for a specified period.

8. Review of the Policy

- This policy will be reviewed periodically to ensure its effectiveness and relevance to the PHECC standards and regulations.





RPL Application Form – First Aid Response (FAR) Course

Personal Information

- **Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Date of Birth:** _____

Employment and Educational Background

Current Occupation: _____

Relevant Work Experience: _____

(Include any roles where first aid skills were utilised or required)

Educational Qualifications: _____

(Related to first aid or healthcare)

First Aid Training and Certifications

Previous First Aid Training: _____

(List any previous first aid courses attended, including dates and training providers)

Current Certifications: _____

(List any valid first aid or related certifications, including issuing organisations and expiry dates)

RPL Details

Reason for RPL Request: _____

(Explain why you are seeking recognition of prior learning for the FAR course)

Specific Skills and Knowledge: _____

(Detail specific first aid skills and knowledge acquired through previous training, work experience, or other relevant activities)



Supporting Documents

- Attach copies of previous first aid training certificates**
- Attach copies of any relevant qualifications or certifications**
- Attach a detailed CV or resume outlining relevant experience**

Applicant Declaration

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my application or revocation of any resulting course placement or certification.

Signature: _____

Date: _____

Submission Instructions

Please submit the completed form along with all required supporting documents to [\[adrian@coffeytraining.ie\]](mailto:adrian@coffeytraining.ie).

For any inquiries, contact [\[adrian@coffeytraining.ie\]](mailto:adrian@coffeytraining.ie).

Office Use Only

- **Application Received Date:** _____
- **Reviewed By:** _____
- **Decision:** Approved Not Approved
- **Comments:**

