



**UNIVERSITY
of
LIMERICK**
OLLSCOIL LUIMNIGH

NCEF Education and Training

RPL Application Form

NCEF /PEAI L1 CEHF UPGRADE



This application is relevant to NCEF/PEAI Level 1 applicants whose qualification has expired. All questions must be answered. Where appropriate please put "none". All information requested on this form is required by the University of Limerick. Incomplete application forms will not be processed. Please ensure all relevant documentation is included to facilitate prompt processing of your application.

1. Personal Details

First name: _____ Surname: _____

Correspondence Address: _____

Phone (Home) _____ Mobile: _____ Work: _____

Email: _____ Date of Birth: _____

Country of Birth: _____ Nationality: _____

Irish PPS No. _____ Gender: F M

Highest Qualification Attained: _____

Name & Address of Last Institution Attended (Primary, Post Primary, IT's, University etc.):

Years attended: From ____/____ (mm yy) to ____/____ (mm yy)

Emergency Contact Person: _____ Mobile No. _____

Which programme are you applying for:

Certificate in Exercise & Health Fitness (CEHF) - Upgrade Programme :

Please tick which Semester you intend completing programme:

Autumn Spring Summer

Section 2 : Curriculum Vitae - Educational Background

1. Please attach copies of certificates received and/or transcripts of all results including NCEF or similar qualifications.
2. Please note originals may be requested from the RPL Board at a later stage.
3. When completing educational background details remember to include all exercise and health fitness related qualifications including NCEF qualifications.

Name and full address of school/college	Year From	Year To	Level reached/Exams taken	Age on Leaving

Other Qualifications attained:

Please attach copies of any relevant documented evidence.

Courses Attended	Achievements (Certificates received)

If you have any further educational achievements/activities to add please complete here.

Section 3: Employment History - Experience of working in the Health/Fitness Industry

Description of Health/Fitness related work experience in the last 10 years.

Employer Name & Address	Dates from/to	Position held	Duties

Section 4: Continuing Professional Development - Exercise & Health Fitness Related programmes/workshops/ conventions.

Programme/ workshop / Event Attended	From	To	Number of hours	Level reached/exams taken
How I have benefited from this experience:				

Section 5: Work Examples and Reflections

Please select two exercise and health fitness related work positions that you have held within the past 10 years and write a brief reflection on what you have learned from working in each position e.g. freelance aerobics instructor, coaching, personal training. You may also wish to attach evidence of an “one the job” assessment from your employer.

Position 1

Employer Name & Address	Dates from/to	Position held	Duties

Position 2

Employer Name & Address	Dates from/to	Position held	Duties

Section 6:

Please note that the NCEF/UL Programmes of Study are delivered in the English language. All applicants should be proficient in this language.

Data Protection/Privacy Statement

Personal information provided to the National Council for Exercise & Fitness (NCEF) will be treated with the highest standards of security and confidentiality in accordance with the Data Protection Acts 1988 & 2003. The information provided on this form will be held and used for the purpose of processing your application for study. The personal information provided by applicants who are offered and take up a place on a programme of study will also be held for administrative and teaching purposes, It is practice to destroy all forms at the end of the current academic year.

Application Declaration

I confirm that the information provided in this application form is true and correct and that any supporting documentation submitted by my application is genuine. I understand that the NCEF may cancel my application, withdraw or amend its offer or terminate my registration at the NCEF if any aspect of my application is found to have been falsified.

Consent to verify qualifications/work experience

I hereby give my consent to the NCEF to make enquiries to all referenced institutions/bodies to satisfy itself that the information I have supplied is true and correct.

Signature: _____

Date: _____

I hereby give my consent to the NCEF to keep my email address on file and to notify me about relevant events, courses and promotional offers.

Signature: _____

Date: _____

Section 7: CHECKLIST OF SECTIONS COMPLETED AND DOCUMENTS REQUESTED

Section	Content	Pages	Completed (please tick)
1	Personal Details/Programme Details	1	
2	Curriculum Vitae - Educational Background - Please ensure supporting documentation is attached.	2	
3	Employment History - Experience in Health/Fitness Industry	3	
4	Continuing Professional Development	3	
5	Work Examples and Reflections	4	
6	Applicant Declaration/Consent	5	
	Please include 2 written references ie. from employer, educational institution , body		
7	RPL FEE OF €125 MUST BE ATTACHED TO THIS APPLICATION IN ORDER TO PROCESS - This will be deducted from overall fees following successful entry to programme.		

Please return fully completed application form to:

NCEF Head Office
PESS Building
University of Limerick
Castletroy
Limerick
T: 061-202829 - Email: ncef@ul.ie