



**UNIVERSITY  
of  
LIMERICK**  
OLLSCOIL LUIMNIGH

# NCEF Education and Training

## RPL Application Form

### DEHF or Bsc. Degree



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:

Diploma in Exercise & Health Fitness (1 year programme) - Tutor Education

Diploma in Exercise & Health Fitness (1 year programme) - Advanced Practitioner

Bachelor of Science in Exercise & Health Fitness (1 year programme)

## Section 2.1 : 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 it is vital to include all exercise and health fitness related qualifications **including** all NCEF qualifications.

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

## Section 2.2 : Experience of working in : the Health/Fitness Industry; Education; Lecturing, Teaching, Staff Training; Presenting to Groups in Industry, Community Work management/supervisor experience etc.

Name and address of employer	Year From	Year To	Duties/ Responsibilities	Position Held

### Section 3: Continuing Professional Development

Please complete this section (3) only if you have completed CPD **within** the areas of Exercise and Health Fitness paying particular attention to Stage 2 elements such as NCEF Personal Training, Older Adult, and Fit for Life etc. or

Programme/Workshop/event attended	From	To	No. of Hours	Level reached/exams taken

How I have benefited from this experience:

Programme/Workshop/event attended	From	To	No. of Hours	Level reached/exams taken

How I have benefited from this experience:

Programme/Workshop/event attended	From	To	No. of Hours	Level reached/exams taken

How I have benefited from this experience:

**Note: Please copy this page if you require additional space**

## Section 4: Continuing Professional Development

Please complete this section (4) only if you have completed CPD **outside** the areas of physical activity, sport etc, such as Occupational First Aid, ECDL, **NON** Exercise and Health Fitness related evening/weekend courses e.g. BA/BSc./MSc./B.Ed.

Programme/Workshop/event attended	From	To	No. of Hours	Level reached/exams taken

How I have benefited from this experience:

Programme/Workshop/event attended	From	To	No. of Hours	Level reached/exams taken

How I have benefited from this experience:

Programme/Workshop/event attended	From	To	No. of Hours	Level reached/exams taken

How I have benefited from this experience:

## Section 5: Work Examples and Reflections

Please select two work positions that you have held and write a brief reflection on what you have learned from working in each position. You may also wish to attach evidence of an “on the job” assessment from your employer.

### Position 1:

Employer Name and Address	From	To	Position Held	Main Duties

What I have learned from working in this position:

### Position 2:

Employer Name and Address	From	To	Position Held	Main Duties

What I have learned from working in this position:

## Section 6: Continuing Professional Development Plan

Please outline the following **goals** for the next 5-10 years:

### 6.1 Your main professional goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### 6.2 Courses/Programmes of Study/Work:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### 6.3 Employment opportunities you wish to pursue:

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## Section 8:

8.1 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.

## Section 9: CHECKLIST OF SECTIONS COMPLETED AND DOCUMENTS REQUESTED

Section	Content	Pages	Completed (please tick)
1	Personal Details/Programme Details	1	
2, 3 & 4	Educational Background, Continuing Professional Education within and outside of areas of Health & Fitness - Please ensure supporting documentation.	2-4	
5	Work examples and reflections	5	
6	Continuing Professional Development Plan	6	
7	References/Testimonials - Attached	7	
8	<b>Applicant Declaration</b> <b>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.</b>	8	

Please return fully completed application form to:

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