



RECOGNITION OF PRIOR LEARNING APPLICATION FORM

APPLICATION FOR RECOGNITION OF PRIOR LEARNING

Please complete the following application form and return to info@cila.co.uk with the necessary documentation. The application is required as a means of assessing the recognition of prior learning for your required accreditation status and to ascertain if any exemptions apply.

PERSONAL DETAILS

CILA membership number:	
Full name:	
Address:	
Employer:	
E-mail address:	
Contact telephone number:	

FORMAL QUALIFICATIONS

Course Name	Unit Name	Institution	Year Completed	Unit Credit Points	Certified document attached

APPLICATION DECLARATION

I declare that to the best of my knowledge, the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic.
I acknowledge that the submitted documents will not be returned to me.
I authorise the Chartered Institute of Loss Adjusters to investigate the legitimacy of the documentation I have provided.

Signed:	
Dated:	

PLEASE ENSURE ALL SUPPORTING DOCUMENTATION HAS BEEN CORRECTLY CERTIFIED

EXEMPTION BEING APPLIED FOR CILA OFFICE USE ONLY

Certificate	Diploma
CH1	DP1 DP2