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|  | Leading the trading standards profession |

# CPCF Assessment of Prior Learning

# Candidate Prior Learning Submission Form

## Candidate Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | | |  | Candidate No |  |
|  | Last | First | | |  |  |  |
| Mobile Number: |  | | Email: |  | | | |

## Exemptions being claimed

Please indicate below which exemptions you want to gain recognition in via the prior learning process.

**STAGE 1**

Exemption

|  |  |  |
| --- | --- | --- |
| Unit 1 | Regulatory Environment & Enforcement |  |
| Unit 2 | Business & Consumer Legal Frameworks |  |
| Unit 3 | Trading Standards Law Part 1 |  |

**STAGE 2**

|  |  |  |
| --- | --- | --- |
| Unit 4 | Weights & Measures written / practical / oral only |  |
| Unit 4 | Food Standards written / oral only |  |
| Unit 4 | Feed written / oral only |  |
| Unit 4 | Product Safety |  |
| Unit 5 | Investigations |  |

Please note: if claiming for a Practical/Oral assessment, ensure you have made it clear on your application.

## Employer & Payment Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer: |  |  |  | | | |
| *Are CTSI to invoice your employer for your fees?* | | | | YES | NO |  | |

|  |  |
| --- | --- |
| If yes, please attach a copy and state your Purchase Order Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Alternative Payment options:  For Credit Card payments; please leave a name and contact number and someone from our accounts team will contact you directly  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To pay by cheque please attach to this form and tick here |  |

## Personal Data

The Chartered Trading Standards Institute (CTSI) will use any personal data supplied by candidates or their employers solely for the purpose of CPCF registration and qualifications.

Personal data will only be retained and shared within the CTSI group of companies, and any of our suppliers as appropriate, in fulfilling CTSI’s obligation of providing those qualifications services and complying with any financial and regulatory requirements.

Your personal data will be processed in compliance with data protection legislation. For more details, please visit our data protection polices and your rights page at: <https://www.tradingstandards.uk/about-ctsi/data-protection> or email [dataprotection@tsi.org.uk](mailto:dataprotection@tsi.org.uk).

## Further Communication

From time to time we would like to contact you (or your organisation) via email with further and future developments within the qualification. If you would not like to be contacted regarding this please email the qualification team: qualifications@tsi.org.uk

## Disclaimer and Signature

**PLEASE NOTE:** Candidates are responsible for updating CTSI in writing of any change to personal details. Incorrect information may lead to a delay in receiving results.

**On signing this document, you are agreeing to the CTSI Professional Competency Framework regulations. A copy can be found on our website:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Submission information

# Evidence reference form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Candidate No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section to be filled out by Candidate | | | Section Completed by Reviewer | |
| Evidence No. | Subject | Learning outcome | Evidence Inc. Yes/No | Met Learning Outcome? Yes/No |
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**Reviewer to complete:**

I confirm that the candidate has proven they have kept their knowledge up to date. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The candidate has not met the evidential requirements. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Reviewer to complete (if required):**

I confirm that the candidate has proven they have kept their knowledge up to date. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The candidate has not met the evidential requirements. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_