

STEP ACCREDITATION OF PRIOR EXPERIENTIAL LEARNING

Application form

Complete this application in order to apply for 30 Entry Level credits to progress towards the Diploma Level of study and advance through the STEP membership categories. Please read the guidance on completing this form, available at www.cltint.com/stepentrylevel

www.cltint.com/stepentrylevel

Please complete in **BLOCK CAPITALS**

1. Personal Details

Title (e.g. Mr/Mrs): _____

First Name(s): _____

Family Name(s): _____

Gender: Male Female

Date of Birth (optional):

Address: _____

Town/City: _____

County: _____

Country: _____

Postcode: _____

Telephone Number (Preferred): _____

Telephone Number (Alternative): _____

Email: _____

2. Employment Details (Current)

Employer: _____

Address: _____

Town/City: _____

County/Country: _____

Postcode/Zip: _____

Industry sector: _____

Department: _____

Job role/title: _____

3. Details of Prior Experiential Learning

For each job role held within the relevant period (one year minimum)

Employer: _____

Address: _____

Town/City: _____

County/Country: _____

Postcode/Zip: _____

Industry sector: _____

Department: _____

Job role/title: _____

Dates job held: _____

Reported to (job title) _____

Key job responsibilities (list between 3–5):

Briefly list the core activities carried out under each job responsibility (as listed above):

Describe what you have learnt in these areas and what you are now able to do:

Please attach a separate sheet if required and/or to list additional employers.

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(one year minimum)

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Address: _____

Town/City: _____

County/Country: _____

Postcode/Zip: _____

Industry sector: _____

Department: _____

Job role/title: _____

Dates job held: _____

Reported to (job title) _____

Key job responsibilities (list between 3–5):

Briefly list the core activities carried out under each job
responsibility (as listed above):

Describe what you have learnt in these areas and what you are
now able to do:

Please attach a separate sheet if required and/or to list additional employers.

To return this form

By Post:

CLT International
Wrens Court, 52/54 Victoria Road
Sutton Coldfield, Birmingham
B72 1SX, England

By Fax:

+44 (0) 121 362 75 10

By Email:

cltinternational@centlaw.com

4. Referee

This section must be completed in full and signed and dated by your
chosen referee. Your referee should have known you in a professional
capacity during the relevant period and have supervised your
work or be a STEP member. He or she is confirming your technical
competence as detailed above.

I can confirm that
has proven his/her technical competence as detailed in this form.

Signature: _____

Date: _____

D	D	M	M	Y	Y	Y	Y
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Name: _____

Job title: _____

Professional Relationship to Applicant: _____

Company/Business Name: _____

Email: _____

Telephone Number: _____

STEP membership number (if applicable):

5. Payment Method

The fee for making an APEL application is £50 plus UK VAT

Please tick the appropriate box

Please invoice me at my home address

Please invoice my employer

Please ensure all fields below are completed

Invoice contact name: _____

Invoice telephone number: _____

Employer VAT number: _____

I authorise you to debit my Credit Card

Card Type: Master Card Visa Visa Debit

Name of Cardholder: _____

Credit Card Number: _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Security Code: Card Expiry Date:

Issuing Bank: _____

Payment Amount: £ _____

Signature of Cardholder: _____

Date: _____

D	D	M	M	Y	Y	Y	Y
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I enclose a cheque/bankers draft made payable to Wilmington
Shared Services Ltd

I have made an electronic bank transfer to:

Account Name: Wilmington Shared Services Ltd

Receipts Bank: Barclays Bank PLC

Sort Code: 202062

Account No: 63867870

Bank Swift: BARCGB22

Please supply a remittance advice with payments quoting the
invoice number. All cheque payments to be made payable to
Wilmington Shared Services Ltd and sent to Accounts receivable,
6–16 Underwood Street, London N1 7JQ, United Kingdom