



## 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](mailto: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

<b>CILA membership number:</b>	
<b>Full name:</b>	
<b>Address:</b>	
<b>Employer:</b>	
<b>E-mail address:</b>	
<b>Contact telephone number:</b>	

### 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.

<b>Signed:</b>	
<b>Dated:</b>	

**PLEASE ENSURE ALL SUPPORTING DOCUMENTATION HAS BEEN CORRECTLY CERTIFIED**

### EXEMPTION BEING APPLIED FOR CILA OFFICE USE ONLY

<b>Certificate</b>	<b>Diploma</b>
CH1	DP1 DP2