

Application form: Credit Transfer

The form is specifically aimed at ABE learners who were previously registered on ABE QCF qualifications with accumulated QCF unit credits insufficient for an award of a full equivalent ABE RQF Diploma qualification.

The Credit Transfer form applies to learners wishing to transfer ABE QCF unit credits as part completion of a current ABE RQF Diploma.

√ One form to be completed per Qualification/Level.

√ Fee: £50.00

**1. Learner details**

*Complete in BLOCK CAPITALS*

|  |  |
| --- | --- |
| First / Given name |  |
| Surname / Family name |  |
| ABE Learner No. |  |  |  |  |  |  |
| Country of residence |  |
| Date of application |  |
| Application reference no.(For ABE Staff Only) |  |

**2. Qualification to be completed - *only one programme can be selected***

Level4 [ ]  Level 5 [ ]  Level 6 [ ]

Business Management [ ]  Business Management & Human Resources [ ]  Business Management & Marketing [ ]

**3. List QCF units passed**

|  |  |
| --- | --- |
| Level Unit name Credit Value  | For ABE Staff Only |
|  |  |
|  |  |
|  |  |
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**4. Payment details**

* Fee £50.00 To be paid in full.
* Payment must be made by £ sterling cheque / draft drawn on a UK bank, by postal order (UK only) or by credit / debit card. Payment in other currencies cannot be accepted.
* Forms with photocopies of bank drafts/cheques will not be accepted.
* For information on our refund policy please visit the ABE website.

*(Tick method of payment)*

Total payment submitted:

**£**

[ ]  I have enclosed postal order / cheque / draft no(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  I have paid via Convera WorldPay. Payment reference number (EB number,

 available on receipt) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Deduct from the credit balance I have in my ABE account.

[ ]  Deduct from my credit / debit card details below:

**Credit/Debit card payment form**

I authorise you to deduct the amount of £ \_\_\_\_\_\_\_ from my **Visa / Delta / MasterCard / Diners / JCB** *(delete as applicable)*

**Card number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- |
| **Expiry date** |  | **SECURITY CODE** (last three digits on the signature strip on back of card) |
| M M / Y Y |  | *You must give the security code for payment to be accepted* |
| / |  |  |  |  |

*Complete clearly in BLOCK CAPITALS*

|  |  |
| --- | --- |
| Cardholder’s name |  |
| Cardholder’s full address |  |
| Country |  | Postcode |  |
| Telephone no. |  |
| Cardholder’s signature |  | Date |  |

*Send by email or post to:*

**Email**: admissions@abeuk.com (we cannot accept emails if paying by cheque / draft / postal order)

**Post**: ABE, New Malden Business Centre, 46/50 Coombe Road, New Malden, Surrey, KT3 4QF

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**5. To be completed by ABE staff only**

Confirm RQF units required to complete.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

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| --- |
| Level Unit name Credit Value  |
|  |
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**Completion Declaration**

Has the learner met the criteria for certification? Yes [ ]  No [ ]

*:*

*Further comment:*

**Certification Sign-off**

**Sign-off:** Click or tap here to enter text.

**Certification Sign-off**

**Sign-off:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Post Sign-Off**

**Certificate sent to learner**: **Date:** Click or tap to enter a date.