Level	: SPM
Ref. number	:
(Office use only)	

REGISTRATION FORM ACCREDITATION OF PRIOR EXPERIENTIAL LEARNING

FULL NAME:	TOK EN QI							
(AS IN IC)								
CORRESPONDENCE ADDRESS:	NO.2 JALAN INTAN, TAMAN	IO.2 JALAN INTAN, TAMAN INTAN 86400 PARIT RAJA, BATU PAHAT ,JOHOR.						
IC NUMBER:	020614-01-0122	020614-01-0122						
DATE OF BIRTH:	14/06/2002	14/06/2002						
GENDER:	Female							
CONTACT NUMBERS:	номе:	OFFICE:		FAX:				
	MOBILE:010 3593383	E-MAIL:tokenqi12	2@gmail.com					
LEVEL OF INTENDED STUDY:	DIPLOMA							
HIGHEST QUALIFICATION:	SPM							

APEL PORTFOLIO

PART 1: PERSONAL DETAILS

FULL NAME	Tok En Qi
IC NUMBER	020614-01-0122
REFERENCE NUMBER	(for MQA use only)

PART 2: DETAILS LEARNING ACQUIRED (start with the most recent)

a) **CERTIFICATED LEARNING**

EDUCATION AND TRAINING												
	TITLE OF	LEVEL OF THE AWARD (CERTIFICATE/DIPLOMA/		COMPETENCIES (please tick ✓)								
YEAR AWARDED	CERTIFICATION DEGREE) AWARDING BODY	AWARDING BODY	GENERIC	NUMERICAL	LANGUAGE	ICT						
1. Year 2019	SPM											
2.												
3.												
4.												
5.												

b) **EXPERIENTIAL LEARNING**

EMPLOYMENT HISTORY A description of the associate of evidence and knowledge, competency, performance or experience: NAME OF EMPLOYER **TIME SERVED** JOB ROLES / PERFORMED (please tick) **CONTACT** No. **POSITION HELD** /SELF EMPLOYED **ADDRESS** (MONTH/YEAR) 1: OPERATIONAL; 2: MANAGERIAL; OTHER FROM TO 1 2 (Please Specify) 1. 2. 3. 4. 5. 6.

				TRAINING ACTIV	IIIES										
No.	NAME/TITLE OF TRAINING OR					WHAT I HAVE LEARNED (Please refer Appendix 4 for list of skills on what I have learned)									
	COURSE				1.	2.	3.	4.	5.	6.	7.	8			
1.															
2.															
3.															
4.															
5.															
6.															
7.															

c) OTHER LEARNING SKILLS / ACTIVITIES

This may	ACTIVITIES include your hobbies/sports/recreation/ social/community service given / consultancy services or other activities which might be	YEAR		RNT oly) what I have learned)						
	o the competencies.		1.	2.	3.	4.	5.	6.	7.	8.
1.										
2.										
3.										
4.										

d) LANGUAGE SKILLS

		LEVEL OF COMPETENCE (tick ✓ which apply) 1: POOR; 2: GOOD; 3: AVERAGE; 4: EXCELLENT														
LANGUAGE		LISTEI	VING			REA	DING			SPE	AKING	ì		WR	ITING	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Bahasa Malaysia		1				1				1				1		
2. English Language		1				1				1				1		
3. Mandarin				1				1				1				1

e) SELF ASSESSMENT/REFLECTION (Compulsory)

Describe how your prior learning experiences prepare you for the intended level of study to undertake study (Not more than 250 words):

1. Why do you want to study? (Min 100 words)

I want to Study Diploma in Early Childhood Course because I want to equip myself with more professional skills so that I can apply in to my current job and I can do better for children in my center. And I want to expose myself to more theories and methodologies relating to early childhood. This will help me to do better lesson plan, plan more activities for my preschool.

2. Please tell about your experience? (Min 150 words)

My daily routine in the preschool includes checking of teachers' work, such as lesson plan, the use of teaching aids, marking etc, handling children such as class management, separation anxiety, etc, handling parents, organizing school events such as Sports Day, Concert, etc.

I believe that the acquired teaching skills and experience over these years will help me to understand the theories faster and better. I will be able to consolidate the learning further with my working experience.

PART 3: EVIDENCE OF LEARNING

a) LIST OF ITEMS PROVIDED (Please refer Appendix 3 for list of evidence).

NO.	TITLE OF ITEM
1.	SPM
2	
3.	
4.	
5.	
6.	

7.	
8.	

b) **REFEREES** (relevant to work situation)

NAME	Lim Bee Eng							
POSITION	rinciple							
ORGANISATION	Learning Well	earning Well						
PHONE NUMBER	OFFICE:	MOBILE:012-7379439						
	(Compulsory)							
EMAIL ADDRESS	tammylim8239@yahoo.com.my	tammylim8239@yahoo.com.my						
RELATIONSHIP	Employer	Employer						

NAME	Melody Wong May Ying	
POSITION	Director	
ORGANISATION	Learning well	
PHONE NUMBER	OFFICE:	MOBILE: 012-7152678

	(Compulsory)	
EMAIL ADDRESS	melody7272.wong@gmail.com.my	
RELATIONSHIP	Employer	

PART 4: SELF DECLARATION

I hereby declare that all of the information/documents provided to support this application are authentic, true and accurate. I fully understand the Terms and Conditions of the application and agree that my application will be rejected if I have falsified any information in any way.

Signature: **Tok**

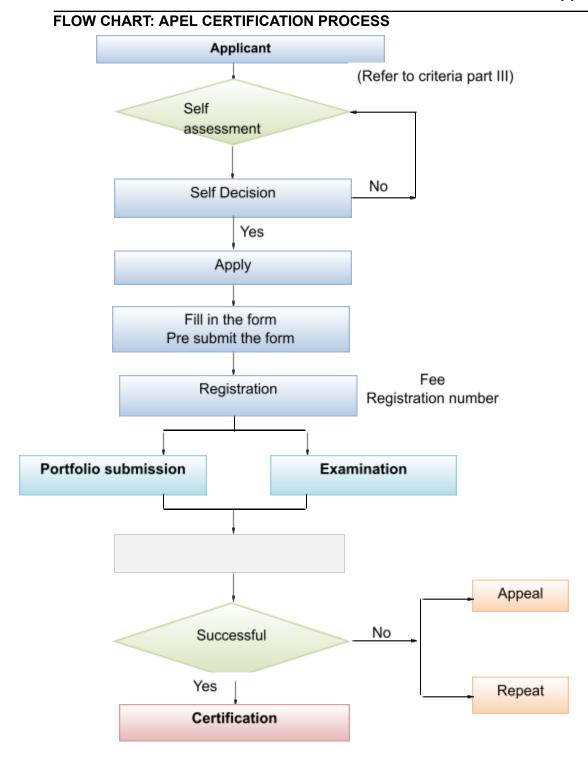
Name: Tok En Qi Date:15/12/2022

This application is subject to Terms and Conditions stated below

- a. Documents that are not in English or Bahasa Malaysia must be accompanied by a certified full translation.
- b. The Management of MQA is authorised by the applicant, to make references to and use the information or data in this application as may be deemed necessary.
- c. The certification applied for is designed to meet requirements set by the Malaysian Qualifications Agency (MQA). Admission to the Academic Programme applied for, using this APEL Certificate is subject to the Academic Regulations approved by the University 's/ College.
- d. Non-refundable application fee of RM is submitted. Do not send cash.

This application form, complete with all certified documents and processing fee must be sent to:

CHECK LIST	
	For Office Use
Yes No	Acknowledgment
Photocopy IC	
Application Fee (Banker's Cheque/Draft No	
1 recent passport size photographs	
Certified Certificates/Documents	Date
3 copies of application	



NB: Timescale for an assessment will depend on the complexity of the application.

LIST OF EVIDENCE

Evidence that can be provided for application

Direct Evidence	Indirect Evidence
Certificates	Written Records
You can provide copies of your qualification	You can provide copies of Diaries Records Journals Articles
Work samples	E-mail
You can provide samples of your work Drawings or photographs Reports Written materials Projects Objects Work of arts	You can provide copies of email communications which verify Customer feedback Work ctivities Written skills
Records of workplace activities	Supporting letters
You can provide documents that verify your work activities Notes Emails Completed worksheets Workplace agreeement Contracts	You can provide letters to verify your claim from Employers Community group People you have work with (paid and unpaid work)
Documents	
You can provide evidence that shows what you have done in your life Media articles Meritoriuos Awards	

List of skills on what I have learned based on 8 Learning Outcomes Domain.

- 1. Knowledge
- 2. Practical Skills
- 3. Social skills and responsibilities
- 4. Values, attitudes and professionalism
- 5. Communication, leadership and team skills
- 6. Problem Solving and scientific skills
- 7. Information management and lifelong learning skills
- 8. Managerial and entrepreneurial skills