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Faculty of Education Tel: 2852780 Email: 11080655@nwu.ac.za

1 October 2019

Dear Principal

WIL PR 02 WIL REGISTRATION

Dear Principal

Thank you very much for receiving a NWU Open Distance Learning Student at your school for WIL purposes. The Unit for Open Distance Learning (UODL) is situated on the Potchefstroom Campus of the North-West University (NWU). The UODL delivers several distance programmes on behalf of the faculties at a number of open distance learning centres in Southern Africa.

Open distance learning (ODL) is an approach that combines the principles of learner centeredness, lifelong learning, flexibility provision, the removal of barriers to learning, accessibility to learning, the recognition of prior learning, the provision of learner support, the construction of learning programmes in the expectation that learners can succeed, e-learning and the maintenance of rigorous quality assurance.

Distance learning programmes are offered on the following principles:

- Students can phone the registration department to verify times for registration.
- Each programme has minimum and maximum time duration in order to complete the studies.
- Contact classes are mainly presented by means of interactive whiteboards, supported by facilitators. Lectures can also be followed on a personal computer if students have access to the Internet. All modules presented by means of interactive whiteboards are stored on the Internet for students to access at a later stage.
- Students are supported by means of a call centre, social media (Facebook) and contact with lecturers and facilitators via e-mail, telephone or personal appointment.
- Examinations are written at several examination centres throughout Southern Africa, but the NWU can request students to write a specific module (e.g. Computer Science) at the Potchefstroom Campus

We deem it a privilege to work in collaboration with schools in order to expose our students to optimal introductory experiences while in an authentic practical teaching environment.

We request that the student will be utilised in the learning processes at your school as far as possible.

We appreciate your willingness and commitment to involve the school and its personnel in the training of educators.

In the WIL manual the student will be able to explain the qualification that he/she is enrolled in at the NWU. However, each student is compelled to do Work-Integrated Learning (WIL) for a period of three weeks as the WIL module carries credits to be awarded to the student.

The School has to be willing to take part in the WIL process by:

- Allowing the student to observe a number of classes / lessons
- Allowing the student to learn from the school and being part of the school

The Mentor Office will contact the Mentor and explain the Mentorship training.

We thank you. Yours sincerely

Please send your application with the PR 02 form to the <u>UODL Registrations</u>.



PR02

GR R DIPLOMA

ODL

WORK INTEGRATED LEARNING REGISTRATION

STUDENT INFORMATION

NWU NUMBER*	STUDENT					
OLG NUMBER*	STUDENT					

*Office use only

Please complete in full and write clearly and neatly in block letters

ID NUMBER								
CONTACT CENTRE NEAR YOU								
PRIVATE OR PROVIDE NAME OF BURSARY								
TITLE		INI	TIAL	s				
FULL NAME								
PREFERRED NAME								
SURNAME								
CELLPHONE NUMBER								
EMAIL ADDRESS								
PREFERRED LANGUAGE								
HOMETOWN								

CURRENT EMPLOYER			
Are you currently in a teaching position?	Yes	No	
If yes, please indicate Grade (s) you are responsible for			
Number of years in a teaching position	Years	Months	

NB: All fields are compulsory and must be completed

Signature: Student

Date

SCHOOL INFORMATION (Completed by the School that will be hosting the student for WIL) *The Primary and/or Pre -Primary School <u>must</u> have a Grade R classroom.* Please complete <u>in full</u>.

DATE								
SCHOOL NAME								
CONTACT DETAILS								
FAX NUMBER								
EMIS NUMBER								
QUINTILE	Q1		Q2	Q3	Q4	Q5	INDEP	ENDENT
LANGUAGE MEDIUM	AFF	२	ENG		STW	ONE	PAR	DUAL
	отн	ER						1
NWU SCHOOL			PP	PS	PPS	PPHS	S HS	SNS
TOWN								
SCHOOL DISTRICT								
PROVINCE								
PRINCIPAL								
TITLE			INITIA	LS				
SURNAME								
CONTACT DETAILS								
EMAIL								
POSTAL ADDRESS							CODE:	
STREET ADDRESS							CODE:	
PRACTICUM COORDINATOR								
CONTACT DETAILS								
EMAIL:								

NB: PLEASE ATTACH THE EMIS REGISTRATION DOCUMENT IF POSSIBLE

SCHOOLSTAMP

(Compulsory)

Signature: Principal

Date

ONLY COMPLETE WHEN SCHOOL DOES NOT HAVE AN EMIS NUMBER

				•								
STI	JDENT ID NUMBER											
ТІТ	LE			INITIALS					-			
FUI	LL NAME				•							
SUI	SURNAME											
CEI	LLPHONE NUMBER											
EM	AIL ADDRESS											
CU	RRENT EMPLOYER											
EM	PLOYMENT DATE											
		•										
PR	INCIPAL											
SC	HOOL NAME											
тіт	LE			INITIALS								
SU	RNAME											
со	NTACT DETAILS											
EM	AIL											
PO	STAL ADDRESS								С	ODE:		
ST	REET ADDRESS								С	ODE:		
1. I have read the above letter and understand that the above student must do his/her practicum at a school with an EMIS number.												
2. The abovementioned student is currently employed at the school.												
3. The above mentioned school does not have an EMIS number.												
4. I will therefore exempt the student for 15 (FIFTEEN) school days from his/her commitments to complete his/her WIL practicum PER SEMESTER at a school with an EMIS number.												

SCHOOL PRINCIPAL CONSENT FORM

I certify and completely understand and comply with the above as stated.

Date

Signature: Principal

SCHOOLSTAMP
(Compulsory)

SCHOOL MENTOR INFORMATION

This person is appointed to <u>mentor</u> the student that is in the school. To mentor someone is to advise or guide a less experienced person.

Post level requirements for <u>appointment</u> of mentor for student <u>at the school</u> (one of the following): Qualified educator in the phase that is relevant to student with minimum 7 years' experience. The Principal or HOD.							
TITLE			INITIAL	S			
SURNAME							
PREFERRED NAME							
POSITION HELD (e.g. Principal)							
NUMBER OF YEARS OF TEACHING EXPERIENCE	YEARS			мс	NTHS		
TELEPHONE NUMBER							
E-MAIL ADDRESS							
Student will be able and allowed to complete WIL in GR R as per the requirements for the WIL.YesNo							

A **Coordinator** is a person that is appointed at the school by the principal to help the students.

	_		SCHOOLSTAMP
Signature: Mentor		Date	(Compulsory)
Signature: Principal	Date		_

Yours sincerely

Original details: (11080655) C:\Users\12670693\Desktop\WIL PR 02 WIL Registration.docm 1 October 2019

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