



Faculty of **EDUCATION SCIENCES**

1. LETTER TO PRINCIPAL:

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 centredness, 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:

- a) Students can register any time of the year.
- b) Each programme has a minimum and maximum time duration in order to complete the studies.
- c) 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.
- d) 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.
- e) 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.

The Foundation Phase student is expected to complete three weeks' Work-Integrated Learning (WIL) per year, preferably three consecutive weeks in his/her second year. The WIL module has a portfolio requirement. The student has to complete and hand in his/her portfolio in the second term of the second year.

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

- *allowing the student to observe a number of classes /lessons in an Intermediate Phase class.*
- *allowing the student to teach a few lessons under mentor/support teachership of the teacher.*
- *providing the NWU with a telephone number, e-mail **or** fax number **and** physical address (Street name/courier address) of the school.*

The school must have an EMIS (Education Management Information System) number.

We thank you.

Yours faithfully

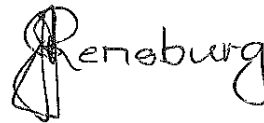


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NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

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PR02**ODL**

2. LETTER TO STUDENT:

Dear Student

You are expected to complete three weeks' Work-Integrated Learning (WIL) in your second year. The WIL module has a portfolio requirement. You have six months to complete and hand in your portfolio. Each portfolio will carry eight (8) credits towards the diploma.

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

- *allowing you to observe a number of classes / lessons taught by the Mentor/support teacher.*
- *allowing you to teach a few lessons under mentor/support teacher who is an Intermediate Phase teacher.*
- *providing the NWU with a telephone number, e-mail **or** fax number **and** physical street address of the school.*
- *allowing a lecturer, NWU mentor/support teacher or coordinator to also evaluate you if necessary.*

Please remember the following:

You have to arrange with the school to complete your work-integrated period with them, by asking the principal to complete and sign the PR 02 E form which is attached. All fields are compulsory and must be completed in full.

You have to send the PR 02 form (completed in full) with your application forms. As soon as you are a registered student with a student number you have to contact the school again to confirm the times for WIL as agreed upon.

The school must have an EMIS number (Education Management Information System). You will not be allowed to complete your WIL at a school without an EMIS number.

Please contact the registration office for inquiries on registration. Please contact the responsible lecturer for guidance and support regarding the portfolio.

We hope you gain valuable experience in working with the teachers and learners in the school, and wish you all the best.

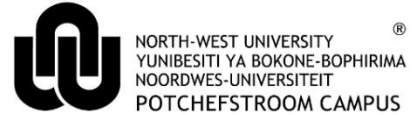
Kind regards

Ms H Sieberhagen (Lecturer)

Ms J Janse van Rensburg (Lecturer)



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3. WORK INTEGRATED LEARNING (WIL) ACT

PR 02

This must be completed in full. Attach this form to your application forms.

All fields are compulsory, except where email addresses are not available. Please note that our preferred method of contact is through e-mail.

STUDENT INFORMATION:

NWU STUDENT NUMBER*															
OLG STUDENT NUMBER*															

*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															
FULL NAME															
PREFERRED NAME															
SURNAME															
CELLPHONE NUMBER															
EMAIL ADDRESS															
PREFERRED LANGUAGE															
HOMETOWN															

PROGRAMME/QUALIFICATION	ACT			
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 <u>teaching</u> position	Years		Months	

NB: All fields are compulsory and must be completed

Signature of student: _____



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4. SCHOOL INFORMATION

(Completed by the School that will be hosting the student for WIL)

*The school **must** have an Intermediate Phase class for the Intermediate Phase Diploma./Please complete **in full**.*

FULL OFFICIAL NAME OF SCHOOL										
EMIS NUMBER										
Telephone Number										
Fax Number										
Email Address										
GRADES (e.g. R – 7)										
LANGUAGE MEDIUM										
POSTAL ADDRESS										
								POSTAL CODE		
STREET ADDRESS										
								POSTAL CODE		
Area / Residential Area										
Town										
PRINCIPAL										
TITLE										
INITIALS										
SURNAME										
PREFERRED NAME										
Telephone Number										
E-Mail Address										
MENTOR/SUPPORT TEACHER										

Post level requirements for appointment of Mentor/support teacher (one of the following):									
Principal / Deputy Principal / Qualified Intermediate Phase Teacher with five (5) years or more relevant teaching experience/ Intermediate Phase HOD / HOD / Qualified educator with five (5) years or more relevant teaching experience									
TITLE					INITIALS				
SURNAME									
PREFERRED NAME									
POSITION HELD (e.g. Principal)									
NUMBER OF YEARS OF TEACHING EXPERIENCE	YEARS					MONTHS			
Telephone Number									
E-Mail Address									
Student will be able and allowed to complete WIL as per the requirements for the WIL.						Yes		No	

PLEASE ATTACH A COPY OF THE EMIS REGISTRATION DOCUMENT

Signature of mentor/support teacher: _____

**SCHOOL STAMP
(Compulsory)**

PRINCIPAL:

I hereby confirm that the student will be able and allowed to complete WIL at this school.

Signature: Principal

Date