

FACULTY OF EDUCATION

Principal letter: WIL for Advanced Certificate in FET Teaching students

Dear Principal

The North-West University (NWU) appreciates that you are supporting a NWU Distance Learning Student in his/her learning in and from practice at the school. The Unit for Distance Learning (UDL) is situated on the Potchefstroom Campus of the (NWU). The UDL delivers several distance programmes on behalf of the faculties at a number of distance learning centres in Southern Africa.

Distance learning (UDL) 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 with the expectation that learners can succeed, e-learning and the maintenance of rigorous quality assurance.

We deem it a privilege to work in collaboration with schools in order to support our students in applying theoretical programme content in an authentic practical teaching environment under the professional supervision of the principal and a qualified mentor. We request that the student be supported to gain experience of learning processes in as many areas of the FET Phase as possible. We appreciate your willingness and commitment to involve the school and its personnel in the training and professional development of educators.

The following student (Student number)
has applied for the Advanced Certificate in FET Phase Teaching (ACT – Further Education and Training Phase). In order to adhere to the programme outcomes and requirements the student needs to complete a work-integrated learning (WIL) component for a period of three weeks (15 consecutive days). The WIL module carries credits to be awarded to the student. To provide the necessary support to the student we ask that the principal help the student to identify a suitable qualified FET Phase teacher to act as mentor for the duration of the WIL. Each student needs to provide proof of practical competence in the form of a comprehensive WIL portfolio. Evidence of the applied competence to be compiled in the WIL portfolio will be collected over the 15 days during which the student needs to:

- Keep a reflective journal for the duration of the 15 days
- Collaborate and reflect with the mentor on various aspects of practice
- Observe between three and five lessons (according to stipulations in the AWIL524 study guide) presented by a qualified FET Phase teacher
- Present at least three to four lessons (according to stipulations in the AWIL524 study guide) that need to be formally assessed by the FET Phase mentor
- Complete other required WIL assessment tasks
- Collect evidence of learners' work
- Collect, evaluate and reflect on examples of teaching practice

Mentors are therefore asked to assist the student in the following ways:

- Guiding/mentoring the student in his/her learning *in and from* practice during the 15 days
- Evaluate various aspects of the student's professional performance and competence
- To allow the student to observe at least three to five lessons (according to stipulations in the AWIL524 study guide) presented by a qualified FET Phase teacher

Mentors are also welcome to contact the NWU Mentor Office should they be interested in completing the Mentorship training.

We thank you.

Yours sincerely

Work Integrated Learning (WIL) Office

Students need to send their application with the PR 02 form to the UDL Registrations.



PR02

UDL

ACT (FET Phase)

WORK INTEGRATED LEARNING REGISTRATION

STUDENT INFORMATION

NWU STUDENT NUMBER*																			
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*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																			INITIALS	
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															
• Name of school:															
Number of years in a <u>teaching</u> 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)

Please complete in full.

DATE										
SCHOOL NAME										
CONTACT DETAILS										
FAX NUMBER										
EMIS NUMBER										
QUINTILE	Q1	Q2	Q3	Q4	Q5	INDEPENDENT				
LANGUAGE MEDIUM	AFR	ENG	STW	ONE	PAR	DUAL				
	OTHER									
TOWN										
SCHOOL DISTRICT										
PROVINCE										
PRINCIPAL										
TITLE			INITIALS							
SURNAME										
CONTACT DETAILS										
EMAIL										
POSTAL ADDRESS									CODE:	
STREET ADDRESS									CODE:	

NB: PLEASE ATTACH THE EMIS REGISTRATION DOCUMENT IF POSSIBLE

 Signature: Principal

 Date

<p>SCHOOLSTAMP (Compulsory)</p>
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**ONLY COMPLETE WHEN SCHOOL DOES NOT HAVE AN EMIS NUMBER
(student to be released for 15 days to visit a school with an EMIS number)**

SCHOOL PRINCIPAL CONSENT FORM

STUDENT ID NUMBER															
TITLE		INITIALS													
FULL NAME															
SURNAME															
CELLPHONE NUMBER															
EMAIL ADDRESS															
CURRENT EMPLOYER															
EMPLOYMENT DATE															

PRINCIPAL			
SCHOOL NAME			
TITLE		INITIALS	
SURNAME			
CONTACT DETAILS			
EMAIL			
POSTAL ADDRESS		CODE:	
STREET ADDRESS		CODE:	

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 abovementioned 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.

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

Signature: Principal

Date

<p>SCHOOLSTAMP (Compulsory)</p>

SCHOOL MENTOR INFORMATION

This person is appointed to mentor 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					INITIALS				
SURNAME									
PREFERRED NAME									
POSITION HELD (e.g. Teacher / HOD / Principal)									
NUMBER OF YEARS OF TEACHING EXPERIENCE	YEARS					MONTHS			
TELEPHONE NUMBER									
E-MAIL ADDRESS									
Student will be able and allowed to complete WIL in FET Phase as per the requirements for the WIL.						Yes		No	

Signature: Mentor

Date

Signature: Principal

Date

<p>SCHOOLSTAMP (Compulsory)</p>
