

Faculty of Education

PR02: Advanced Certificate in Senior Phase Teaching

LETTER TO PRINCIPAL

Dear Principal

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

Distance learning (DL) 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.

We deem it a privilege to work in collaboration with schools to support our students in applying theoretical programme content in an authentic practical teaching and learning environment under the professional supervision of the principal and a qualified mentor. We request that the student be supported to gain experience of teaching and learning processes in as many areas of the Senior 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:)
is registered for the Advanced Certificate in Senior Phase Teaching (AdvCertificate in SP Teaching). To adhere to the programme outcomes and requirements the student needs to implement a work-integrated learning (WIL) component for a period of three weeks (15 consecutive days) as the WIL module carries credits to be awarded to the student. To provide the necessary support to the student we ask that, as the principal, you please help the student to identify a suitable qualified Senior 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 is 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 AWIL523 study guide) presented by a qualified Senior Phase teacher
- Present at least three to four lessons (according to stipulations in the AWIL523 study guide) that need to be formally assessed by the 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 teacher to observe two lessons presented by a qualified 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
Advanced Certificate in Teaching Programme Committee

PR02: ADVANCED CERTIFICATE IN SENIOR PHASE TEACHING

Work integrated learning registration form (PR02) to be submitted with application.

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)

The school must be a high school, or the student must complete their WIL in Grade 7 if they are completing their practical at a primary school. 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

SCHOOLSTAMP
(Compulsory)

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>
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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 Senior Phase as per the requirements for the WIL.						Yes		No	

Signature: Mentor

Date

Signature: Principal

Date

SCHOOLSTAMP (Compulsory)
