



## FACULTY OF EDUCATION

### Principal letter: WIL for ACT (Foundation Phase) students

#### Dear Principal

The NWU appreciates that you are supporting a NWU Open Distance Learning Student in his/learning in and from practice at the school. 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.

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 Foundation 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 Foundation Phase Education (ACT – Foundation Phase). In order 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 the principal help the student to identify a suitable qualified Foundation 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 two lessons presented by a qualified Foundation Phase teacher
- Present three lessons that need to be formally assessed by the mentor
- 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

**Work Integrated Learning (WIL) Office**

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

# ACT (Foundation Phase)

## WORK INTEGRATED LEARNING REGISTRATION

### STUDENT INFORMATION

<b>NWU STUDENT NUMBER*</b>																			
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*\*Office use only*

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

<b>ID NUMBER</b>																			
<b>CONTACT CENTRE NEAR YOU</b>																			
<b>PRIVATE OR PROVIDE NAME OF BURSARY</b>																			
<b>TITLE</b>																			
<b>FULL NAME</b>																			
<b>PREFERRED NAME</b>																			
<b>SURNAME</b>																			
<b>CELLPHONE NUMBER</b>																			
<b>EMAIL ADDRESS</b>																			
<b>PREFERRED LANGUAGE</b>																			
<b>HOMETOWN</b>																			

<b>CURRENT EMPLOYER</b>																			
<b>Are you currently in a teaching position?</b>																			
<ul style="list-style-type: none"> <li>• If yes, please indicate Grade (s) you are responsible for</li> </ul>																			
<ul style="list-style-type: none"> <li>• Name of school:</li> </ul>																			
<b>Number of years in a <u>teaching</u> position</b>																			

*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 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

<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**

<b>STUDENT ID NUMBER</b>														
<b>TITLE</b>		<b>INITIALS</b>												
<b>FULL NAME</b>														
<b>SURNAME</b>														
<b>CELLPHONE NUMBER</b>														
<b>EMAIL ADDRESS</b>														
<b>CURRENT EMPLOYER</b>														
<b>EMPLOYMENT DATE</b>														

<b>PRINCIPAL</b>			
<b>SCHOOL NAME</b>			
<b>TITLE</b>		<b>INITIALS</b>	
<b>SURNAME</b>			
<b>CONTACT DETAILS</b>			
<b>EMAIL</b>			
<b>POSTAL ADDRESS</b>		<b>CODE:</b>	
<b>STREET ADDRESS</b>		<b>CODE:</b>	

- I have read the above letter and understand that the above student must do his/her practicum at a school with an EMIS number.
- The abovementioned student is currently employed at the school.
- The abovementioned school does not have an EMIS number.
- 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><b>SCHOOLSTAMP</b>  (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 Foundation Phase as per the requirements for the WIL.						Yes		No		

\_\_\_\_\_  
Signature: Mentor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Principal

\_\_\_\_\_  
Date

<p>SCHOOLSTAMP (Compulsory)</p>
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