



FACULTY OF EDUCATION

Principal letter: WIL for Advanced Certificate in Senior Phase Teaching students

Dear Principal

The North-West University (NWU) appreciates that you are supporting a NWU Open Distance Learning Student in his/her learning in and from practice at the school. The Unit for Open Distance Learning (UODL) is situated on the Potchefstroom Campus of the (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 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 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) has applied for the Advanced Certificate in Senior Phase Teaching (ACT – Senior 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 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 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 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 Senior 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 AWIL523 study guide) presented by a qualified Senior 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 UODL Registrations.

ACT (Senior Phase)

WORK INTEGRATED LEARNING REGISTRATION

STUDENT INFORMATION

| | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NWU STUDENT NUMBER* | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

*Office use only

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

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|------------------------------------|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | |

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|---|-------|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|
| 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

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| <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

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| <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.

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|---|-------|--|--|--|----------|-----|--------|----|--|
| 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

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| <p>SCHOOLSTAMP (Compulsory)</p> |
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