

OPEN DISTANCE LEARNING

PR 02

REGISTRATION: WORK INTEGRATED LEARNING

Dear Principal

Thank you very much for receiving a prospective North-West University (NWU) Open Distance Learning Student at your school for work-integrated-learning (WIL) purposes. This student is applying to enrol as an open distance learning student.

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 thank you for accepting this student in your school and appreciate your willingness and commitment to involve the school and its personnel in the training of professional educators. If you have any questions please contact us.

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											INITIALS											
FULL NAME																						
PREFERRED NAME																						
SURNAME																						
CELLPHONE NUMBER																						
EMAIL ADDRESS																						
PREFERRED LANGUAGE																						
HOMETOWN																						
PROGRAMME/QUALIFICATION						GR R						PGCE/NGOS						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: _____

SCHOOL INFORMATION:

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

The Primary and/or Pre -Primary School must have a Grade R classroom.

Please complete in full.

FULL OFFICIAL NAME OF SCHOOL										
QUINTILE SCHOOL	1	OR	2	OR	3	OR	4	OR	5	
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										

SCHOOL MENTOR/COORDINATOR INFORMATION:

Post level requirements for appointment of mentor for student at the school (one of the following):

Principal

Deputy Principal

Qualified Grade 1 Teacher with five (5) years or more relevant teaching experience

Qualified Grade R Teacher with five (5) years or more relevant teaching experience

Foundation Phase HOD.

Senior Phase HOD

Qualified educator in the phase that is relevant to student.

Coordinator is a person that is appointed at the school by the principal to help the students.

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

Signature of mentor: _____

PRINCIPAL:

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

Signature: Principal

Date

<p>SCHOOLSTAMP (Compulsory)</p>

REGISTRATION OFFICE: Hendrick.Modiboa@nwu.ac.za

Fax: 087 236 5621

WIL Enquiries: 018 285 2057 / 018 285 2041

Original details: 11080655 C:\Users\11080655\Desktop\11080655\Documents\WIL\Forms\ 2015/11 May 2015 File reference: IL PR02 Form