

The ACE Programme Final Reporting Form

Please use this form as an Invoice GST 79-962-503

To save time, we suggest that you:

1. Complete section 2, then photocopy this form **for each Student**.
2. Complete sections 1 & 3, then photocopy and file a copy for your records.
3. **Post completed form to:** Health Ed Trust NZ, Unit 1, 54 Wordsworth Street, Sydenham, Christchurch 8023

Remember: Send this form in for **every** student who has completed The ACE Programme

Section One: Student Details

First Name Surname.....

NZQA NSN Number ___ / ___ / ___ Date of Birth ___ / ___ / ___

Processing fee \$52.00 attached

Section Two: Organisation or Facility Details

Name:

Phone: Fax:

E-mail:

Section Three: Reporting of unit standards achieved – must be an approved Health Ed Trust Assessor

Check the **Student Progress reports** when completing this form, for dates of unit standards already reported. Mark **unit standards cross credited**, and provide evidence if cross credits are from **other** education providers

Declaration: I have assessed the Student detailed on this Reporting Form and confirm that the requirements have been met to achieve competency in all of the unit standards signed and dated below.

Assessor signature:

Date:

Module	Assessor Name Please print clearly	Assessor signature	Date
Module 1 unit standards 23451, 23390, 20824			
Module 2 unit standard 23387			
Module 3 unit standard 23386			
Module 4 unit standards 11097, 23391			
Module 5 unit standard 5012			
Module 6 unit standard 20830			
Module 7 unit standard 20826			
Module 8 no unit standards			
Module 9 no unit standards			

Comments: overall competency of Student

Office Use:

Date received at Health Ed Trust office:Date processing fee deposited:

Date sent to facility and entered on database

Enclosed: Badge Certificate Honours Board Certificate number: