

ACE ADVANCED 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 Advanced 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

Please refer to your Student Progress Report when completing this form as some credits will already be reported.

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 standard 20829			
Module 2 unit standards 23389, 23385			
Module 3 unit standard 23380			
Module 4 unit standards 23388, 9681			
Module 5 unit standards 23392, 1836			
Module 6 unit standard 20827			
Module 6 (option) unit standard 23925			

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:

www.healthedtrust.org.nz to download a copy of this or other Health Ed Trust forms.