

ACE ADVANCED PROGRAMME FINAL CHECKLIST

Please use this form as an Invoice

To save time, we suggest that you:

GST 79-962-503

1. Complete sections 2 & 3.
2. Then photocopy this form for each Student.
3. Complete sections 1 & 4.
4. Attach this checklist to the **front** of the student's completed Modules.
5. **Courier to:** Health Ed Trust NZ, Level 5, 137 Armagh Street, Christchurch 8011.

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: On-Site Assessor Details

All Assessors **must** complete the Assessor Application Form and be approved by Health Ed Trust **before** sending in papers

Name:

Section Four: Checklist before sending in Programme for Processing (tick when checked)

- Student's name is on all pages of the Student's Assessments.
- All assessments are completed.
- Any posters/cards used to answer questions are named and attached.
- Assessment Records named, completed and signed by Student and Assessor.
- Modules arranged in order 1 to 6.
- Record of Learning attached (if needed as proof of previously attained unit standards).
- Processing Fee attached – cheques payable to Health Ed Trust NZ Inc.

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

Please phone 03 379 8519 if you have any questions