

## ACE Dementia Programme Final Checklist

*Please use this form as an Invoice*

To save time, we suggest that you:

GST 79-962-503

- (1) Complete section 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 the Health Ed Trust Office Unit 1 54 Wordsworth St, Christchurch 8023

### 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: Check before sending in Programme for Processing (tick when checked)

Has the On-site Assessor ensured that:

- Student's name is on **all** pages of the Students Assessments sheets
- All assessments are completed
- Assessment Records are named, completed and signed by student and Assessor
- Module 3 Case Study is completed & attached
- Modules arranged in order 1 to 7
- Additional Student Information form completed and attached
- Processing Fee attached – cheques payable to Health Ed Trust NZ Inc
- A Training Agreement has been forwarded to Health Ed Trust**

***www.healthedtrust.org.nz to download this and other Health Ed Trust forms***

***Please Ph 03 379 8519 if you have any questions.***