

## ACE Dementia 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 Dementia Programme

<b>Section One: Student Details</b> First Name: .....Surname..... NZQA NSN Number ____ / ____ / ____ Date of Birth ____ / ____ / ____ Processing Fee: \$52.00 attached <input type="checkbox"/>			
<b>Section Two: Organisation or Facility Details</b> Name: ..... Phone: ..... Fax: ..... E-Mail: .....			
<b>Section Three: Reporting of unit standards achieved – must be an approved Health Ed Trust Assessor</b> Mark unit standards cross credited , and provide <u>evidence</u> if cross credits are from other education providers  <b>Declaration:</b> 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.			
Module	Assessor Name Please print clearly	Assessor signature	Date
Module 1 unit standard 23920			
Module 2 unit standard 23920			
Module 3 unit standard 23921			
Module 4 unit standard 23922			
Module 5 unit standard 23923			
Module 6 no unit standard			
Module 7 unit standard 23923			
<b>Comments:</b> overall competency of Student  Assessor signature: _____ Date: _____			
<b>Office Use:</b> Date received at Health Ed Trust office: .....Date processing fee deposited: ..... Date sent to facility and entered on database ..... Enclosed: Badge <input type="checkbox"/> Certificate <input type="checkbox"/> Honours Board <input type="checkbox"/> Certificate number: .....			

For this and other Health Ed Trust Forms go to [www.healthedtrust.org.nz](http://www.healthedtrust.org.nz)