

ACE Core Programme Final Checklist For Residential Care Facility

To save you time, we suggest that you: (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 students completed 12 Topics plus Supplement (5) **Courier to:** Health Ed Trust NZ, Level 6 137 Armagh Street, Christchurch 8011. Phone 03 379 8519 GST 79-962-503

Section One: Student Details

Name:

Relevant Qualifications: (tick) National Certificate in Support of the Older Person

Enrolled Nurse Registered Nurse Other:.....

Processing fee

\$52.00 attached (from 1st October 2005)

Section Two: Facility Details

Facility Name:

Phone: **Fax:**

E-mail:

Section Three: On-Site Assessor Details

Name:

Relevant Qualifications: Registered Nurse Enrolled Nurse Unit standard 4098

Other:.....

Assessor Attestation Form completed and sent to Health Ed Trust (only send **once** for each Assessor)

Section Four: Check Completion Of Assessment Materials

Has the On-site Assessor ensured that: (tick when checked)

Student's name is on all pages of their Question Sheets and all questions completed

Any posters/cards used to answer questions are named and attached

Skills checklists (topics 3, 4, 5, 12) named, completed, signed and attached

Assessment Records named, completed and signed by the required 3 people

Additional Student Information form attached

Supplement attached

Topics arranged in order, 1 to 12 then Supplement

A Training Agreement has been forwarded to CSSITO (important)

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