

ACE Dementia Series Final Checklist For Residential Care Facility

To save you time, we suggest that you: (1) Complete section two. (2) Photocopy this form for each student. (3) Complete sections one, three & four. (4) Attach this checklist to the front of the student's completed 8 modules. (5) Attach processing fee. (6) Send to the Health Ed Trust Office **by courier** 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)

Prerequisites met: (tick)

ACE Core Programme & Supplement or ACE Fastrack 5012,5019,5020

OR unit standards 5012, 5019, 5020★ **OR** Nat Cert in Support of the Older Person★

For Registered Nurse's & Enrolled Nurses/Nurse Assistants only: ACE Dementia Series Prerequisites Checklist & copy of Annual Practising Certificate ★ ★**Please attach evidence**

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)

All Question Sheets are attached and all questions completed

Student's name is on **all** pages of their Question Sheets

Any posters or poems used to answer questions are named and attached

Module 3 Case Study is completed & attached

Additional Student Information form completed and attached

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

Fastrack only: Unit standards 5012, 5019 & 5020 completed & attached

A Training Agreement has been forwarded to CSSITO

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