

NIPQETP INDIVIDUAL ASSESSMENT SUBMISSION FRONT SHEET

(One copy in each portfolio/assignment and one for PQ Office use)

SUBMISSION DATE.....

NB TWO COMPLETE COPIES OF THE PORTFOLIO/ASSIGNMENT MUST BE SUBMITTED

THREE COMPLETE COPIES OF THE VERBAL PORTFOLIO MUST BE SUBMITTED

SUBMISSION DATE: _____ NAME: _____

WORK ADDRESS: _____

WORK CONTACT TEL NO: _____ EMPLOYER: _____

PLEASE INDICATE IF THERE HAS BEEN A CHANGE IN ANY OF THE ABOVE INFORMATION SINCE ENROLMENT:

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Area of Work: Please highlight below:

Acute Services	Addiction	Adoption/Fostering	CAMHS	Care Management	Children/Families
Combined	Community Groups/Individuals	Dementia	Education/Training	Education/Welfare	Homelessness
Hospital Social Work	Justice – Criminal	Justice – Restorative	Justice – Youth	Learning Disability – Adult	Learning Disability - Children
Mental Health – Adults/Older People	Mental Health – Children/Young People	Older People	Other – please specify	Out of Hours	Management
Physical Health/Disability – Adults	Physical Health/Disability – Children	Regulation of Training/Service	Residential Child Care	Sensory Impairment	Training /Education
Practice	Research				

Requirements being submitted (please circle to indicate):

SPECIFIC AWARD NI	1	2	3	4	5	6				
SPECIALIST AWARD NI	1	2	3	4	5	6	7	8	9	
LEADERSHIP & STRATEGIC NI	1	2	3	4	5	6	7	8	9	

Which Assessment method are you using? (Please circle to indicate)

PORTFOLIO (Two copies)	VERBAL (Three copies)	ASSIGNMENT (Two copies)	DIRECT OBSERVATION (One copy)	APL	COMBINED	SUBMISSION SCHEDULE (PILOT)
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Verbal Presentations: Overhead Projector or Powerpoint required (please circle)
(Each venue will have a flip chart available)

Is this an APL Submission: Y/N* (delete as appropriate)
Is this a Re-Submission: Y/N* (*delete as appropriate).

If YES please give date of last submission and indicate whether it is a first/second or third re-submission
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Does your submission contain the following: (please tick)	(Please Specify wordcount)
Word Count	Y/N* <input style="width: 100px; height: 20px;" type="text"/>
Statement of confidentiality and client’s consent	Y/N*
Line Manager/Professional Supervisor’s report	Y/N*
Were you supported through an agency support group?	Y/N*

If required, do you give permission for this submission to be used as an example for other Social Workers in its current form for training purposes? Y/N*

<p>Do you wish to have your submission academically marked? Y/N* If YES, a third copy of your submission <u>MUST</u> be included for academic purposes. NB this option is only available to candidates currently registered for the BSc (Hons) in Professional Development at the University of Ulster Date of registration _____ Registration number _____</p>
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