

NIPQETP INDIVIDUAL ASSESSMENT SUBMISSION FRONT SHEET

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

October 2008

NB TWO COMPLETE COPIES OF THE PORTFOLIO 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 Difficulties – Adult	Learning Difficulties - Children
Mental Health – Adults/Older People	Mental Health – Children/Young People	Older People	Other	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):

ADVANCED AWARD UK	AA1	AA2	AA3	AA4	AA5	AA6	AA7	AA8
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PQ AWARD UK	PQ1	PQ2	PQ3	PQ4	PQ5	PQ6
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SPECIFIC AWARD NI	1	2	3	4	5	6
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SPECIALIST AWARD NI	1	2	3	4	5	6	7	8	9
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LEADERSHIP & STRATEGIC NI	1	2	3	4	5	6	7	8	9
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Which Assessment method are you using? (Please circle to indicate)

PORTFOLIO (Two copies)	VERBAL (Three copies)	ASSIGNMENT (Two copies)	DIRECT OBSERVATION (One copy)	APEL/APCL	COMBINED
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For Verbal Presentations please indicate presentation equipment required: **Overhead Projector or **Powerpoint** (Each venue will have a flip chart available)**

Is this an APEL/APCL Submission: Please specify

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

Does your portfolio contain the following: (*delete as appropriate) (Please Specify word count)

Word Count Y/N*

Statement of client's consent Y/N*

Statement of confidentiality Y/N*

Introduction, commentary, evaluation and evidence Y/N*

Line Manager/Professional Supervisor's report Y/N*

Has portfolio been checked to ensure there are no breaches of confidentiality? Y/N*

Were you supported through an agency support group? Y/N*

If required, do you give permission for this portfolio to be used as an exemplar in its current form? Y/N*

Do you wish to have your submission academically marked? Y/N*

(This option is only available to candidates who are currently registered for the BSc (Hons) Professional Development at University of Ulster)

Date of registration with the University of Ulster