

NIPQETP INDIVIDUAL ASSESSMENT SUBMISSION FRONT SHEET

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

October 2009

***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
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Does your submission 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