**Appendix I**

**Proposed Social Work Programme of Study – 2017**

To be completed by all 2016 NGO Social Work Study award Holders LOOKING TO CONTINUE THEIR STUDY DURING the 2017 Academic year

**NAME AND ADDRESS**

Surname / Family name *(All students)*

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First name *(All students)*

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Middle name(s)

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Postal address (If changed)

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**Contact details** (If changed)

Private / Home Telephone Number ...................................................

Private Mobile ...................................................

Business Telephone Number ...................................................

Business Fax Number ...................................................

Email ...................................................

**NGO Employer**

Name of NGO employer *(All students)*

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Postal address of NGO employer (If changed)

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NGO employer’s phone no (If changed))

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NGO employer’s email (If changed))

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**STUDY DETAILS**

Which social work qualification do you intend to complete? (All Students - include programme and provider codes if known)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification** | **NZQA Level****(If Known)** | **Programme Code****(If Known)** | **Education Provider** | **Provider Code****(If Known)** |
| e.g. Bachelor of Social Work | Level 7 | MY0098 | Massey University | 7003 |
|  |  |  |  |  |

**2017 Study Programme (All Students)**

What is your proposed programme of study for 2017? (Name of papers, and the number of points, papers, credits etc. that you plan to undertake in your next 12 months of study?)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name / Title of Paper** | **Numerical / Code Identifier** | **Points / Credits** | **Value $** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  |  |  |

Anticipated course fee costs for 2017 (approx.): .........................................................

Anticipated period / duration of study for 2017 (Please indicate if studying in semester 1, or in semester 2 only, or in both semesters) Semester 1 🞎 Semester 2 🞎

Course start date for 2017 (Approximate course start date for you)

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**2018 Study Programme *(As appropriate)***

What is your anticipated programme of study for 2018? (Your best guess as to the number papers and points / credits you anticipate undertaking during 2018)

|  |  |
| --- | --- |
| **No of Papers** | **Points / Credits** |
|  |  |
|  |  |

Anticipated course fee costs for 2018 (approx)..........................................................

**2019 Study Programme *(As appropriate)***

What is your anticipated programme of study for 2019? (Your best guess as to the number papers and points / credits you anticipate undertaking during 2019)

|  |  |
| --- | --- |
| **No of Papers** | **Points / Credits** |
|  |  |
|  |  |

Anticipated course fee costs for 2019 (approx)..............................................................

**Study Programme Beyond 2019**

If you are planning to study beyond the 2019 calendar year please complete this documentation on a separate page for “study planned”, and “projected study fee costs” for all years that you are intending to study.

**External Placement (All Students must complete)**

In which month and year do you anticipate starting your external / final placement? (This refers to your 60 day external placement. You **MUST** complete this – if necessary please give your best estimate. If already completed please record when this took place.)

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**Qualification Completion (All Students must complete)**

In which year do you anticipate completing your qualification? (You **MUST** complete this)

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When does your Education Provider require that you complete this qualification?(All Students must complete) (Most Education providers have a finite time within which qualifications must be completed. You need to find out when this is for you and your qualification and to record this here - you must find out and provide this information.)

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**Applicants’ Declaration**

**Employee**

I certify that, to the best of my knowledge, the information I have supplied is true and correct. I understand that if I have deliberately supplied incorrect or misleading information, or have omitted important information, that I risk the termination of this study award and the repayment any monies paid.

**Signature of employee:** ...........................................................................

 **Date:** ..........................................................................

 *(Day) (Month) (Year)*

**Employer**

I certify that this student is a paid employee of..........................................................................................

*(Name of employer),* and that I support this student’s study programme for 2017.

**Signature on behalf of the employer:** ................................................................

**Name:** (Please print)....................................................................................................

**Date:** ...........................................................................

 *(Day) (Month) (Year)*