

Memorandum of Understanding between Student and their Workplace

Work Place

| Name of Institution | | | |
|---------------------------|-------|--|--|
| Physical Address | | | |
| Contact details | Phone | | |
| | Email | | |
| Authorised representative | | | |
| Student Name: | | | |
| Student Number: | | | |
| Contact details | | | |

This contract is based on the Quality Management System (QMS) for Service Delivery Providers, Parr. 15.4 and 17.5

And applies to Social Counselling Worker NQF levels 5.

The objective of assessment in the workplace

The ultimate purpose of training programmes is to produce properly skilled practitioners who can operate effectively in the workplace. Although learners may have some level of experience, it remains essential that their performance in real life situations be observed and documented according to standardised criteria.

Assessment in the workplace is done to establish the level of practical competency of the learner in specified ministerial functions and situations.

Workplace:

The Workplace agrees:

- 1. To identify a mentor for each student for the practical and workplace experience.
- 2. To supply an opportunity in the religious community/congregation to do their workplace assignments as prescribed by the Learning Program.
- 3. To brief the leadership of the congregation on the aims and procedures of what the learner's practical work will entail.
- 4. To assist Excel Christian Counselling Academy with all the information necessary to give an informed and fair judgement of the student's performance.
- 5. Complete evaluation documents and have it duly dated and signed by the workplace facilitator/mentor and have it sent to the Provider within five days after the assessment.

Student/Learner

The Student/Learner undertakes:

1 To submit under the authority of the leadership and facilitator of the workplace modules within the given assembly.

2 To uphold the ethical standards of Excel as well as the Work place where the learner is doing their work experience .

3 To complete their workplace assignments to the best of their ability.

Signed

| For Workplace | [| Date | |
|---------------|---|------|--|
| | | | |

Student

____ Date _____