

UNIVERSITY OF THE WEST INDIES GLOBAL CAMPUS

BACHELOR OF EDUCATION, DIPLOMA & CERTIFICATE IN EARLY CHILDHOOD DEVELOPMENT & FAMILY STUDIES

PRACTICUM ONE FORM

Student Name: _____

Student ID#: _____ UWIGC Site: _____

Address: _____

Tel#: _____ Email: _____

PRACTICUM COURSE	PRE-REQUISITE COURSES COMPLETED	YES/NO	PRACTICUM DATES (10 days- two consecutive days)	PRACTICUM SITE (Indicate if you need to be placed at a practicum site)
ECFS1007	ECFS1001			
	ECFS1002			
	ECFS1003			

NOTE: Year 1 students' must have at least **20 credits at level 1** to move onto practicum 2

Year 2 students' must have at least **20 credits at level 2** to move onto practicum 3

Practicum Documents Submitted

Health Assessment Form	Police Certificate of Good Character	In Case of Emergency Form	Permission Letter from Principal/Administrator (For students employed at an ECCE centre)

NOTE: Remember to submit the documents listed above (health assessment form, police certificate of good character & in case of emergency form) with this practicum form. Incomplete forms **will not be accepted.**

I _____ declare that I have read the practicum handbook and I am aware of the procedures I need to follow to successfully complete the practicum courses.

Student Signature: _____ **Date:** _____