

SUBJECT / UNIT COVER SHEET

This form is to be completed by the assessor and used as a final record of student competency. All student submissions including any associated checklists (outlined below) are to be attached to this cover sheet. Refer to Moodle for assessor feedback.

STUDENT DETAILS / DECLARATION:

Course Name:			
Unit / Subject Name:			
Trainer's Name:		Term:	/
I declare that:	<input type="radio"/> I fully understand the context and purpose of this assessment. <input type="radio"/> I am fully aware of the competency standard/criteria against which I will be assessed. <input type="radio"/> I have been given fair notice of the date, time and venue for the assessment. <input type="radio"/> I am aware of the resources I need and how the assessment will be conducted. <input type="radio"/> I have had the appeals process and confidentiality explained to me. <input type="radio"/> I agree that I am ready to be assessed and that all written work is my own.		
Student Name:		Student ID:	
Student's Signature:		Submission Date:	/ /

ASSESSOR USE ONLY: (ACADEMIC DEPARTMENT)

Assessment Detail	1 st Submission	Re - submission	Result
Assessment 1			S / NS / DNS
Assessment 2			S / NS / DNS
Assessment 3			S / NS / DNS
Assessment 4			S / NS / DNS
Assessment 5			S / NS / DNS
Assessment 6			S / NS / DNS
Assessment 7			S / NS / DNS
Assessment 8			S / NS / DNS
Assessment 9			S / NS / DNS
Assessment 10			S / NS / DNS
Final Assessment Result for this subject / unit S=Satisfactory NS= Not Satisfactory DNS= Did not Submit C= Competence NYC= Not Yet Complete			C / NYC
ASSESSOR DECLARATION:		Signature	Date
Assessor: I declare that I have conducted a fair, valid, reliable and flexible assessment with this student, and I have provided appropriate feedback.			/ /

ADMINISTRATIVE USE ONLY:

Entered onto Student Management Database By:	(Initials)	Date:	/	/
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ASSESSMENT SUBMISSION RECEIPT: (IF SUBMISSION IN HARDCOPY, THIS DOCUMENT CAN BE COMPLETED BY ANY DEPARTMENT.)

It is student's responsibility to keep the assessment submission receipt as a proof of submission of assessment tasks.

Student Name:		Student ID:	
Unit / Subject Code:		Assessment No:	
Staff Name:		Signature:	
Department:		Date:	/ /