

| Course Details          |  |
|-------------------------|--|
| Course Name             |  |
| Unit(s) of competency   |  |
| Unit Code (s) and Names |  |

| Assessment Details    |  |                         |  |
|-----------------------|--|-------------------------|--|
| Term and Year         |  | Time allowed            |  |
| Assessment No         |  | Assessment Weighting    |  |
| Assessment Descriptor |  |                         |  |
| Due Date              |  | Extension (if approved) |  |

| Re-Assessment Details |  |                         |  |
|-----------------------|--|-------------------------|--|
| Term and Year         |  | Time allowed            |  |
| Assessment No         |  | Re-assessment Fee Paid? |  |
| Assessment Type       |  |                         |  |
| Due Date              |  | No Extension            |  |

| Student Details and Declaration  |  |  |  |
|--|--|--|--|
| Student Name   |  |  |  |
| Student ID   |  | Trainer/Assessor's Name                      |  |
| <b>Student Declaration:</b><br>a. I declare that the work submitted is my own and has not been copied or plagiarised from any person or source.<br>b. I have not submitted any part of this assignment previously as part of another unit/course.<br>c. I acknowledge that I understand the requirements to complete the assessment tasks.<br>d. The assessment process including the provisions for re-submitting and academic appeals were explained to me and I understand these processes. |  | Signature: _____<br><br>Date: ____/____/____ |  |

| Assessment Outcome - To be completed by the Assessor |   |           |  |
|--|---|-----------|--|
| Assessor's Name                                      |   |           |  |
| Results  | <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory | Marks:    |  |
| Re-assessment eligibility                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                        | Due Date: |  |

|                 |  |                                      |   |
|-----------------|--|--------------------------------------|---|
| This assessment | First Attempt <input type="checkbox"/> | 2nd Attempt <input type="checkbox"/> | Late <input type="checkbox"/> Penalty _____ |
|-----------------|--|--------------------------------------|---|

**FEEDBACK TO STUDENT**

Progressive feedback to students, identifying gaps in competency and comments on positive improvements:

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**Student Declaration:** I declare that I have been assessed in this unit and I have been advised of my result. I am also aware of my right to appeal and the reassessment procedure.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessor Declaration:** I declare that I have conducted a fair, valid, reliable and flexible assessment with this student, and I have provided appropriate feedback

Student did not attend the feedback session.  
Feedback provided on assessment.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEEDBACK TO STUDENT *(FOR REASSESSMENT ONLY)***

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**Student Declaration:** I declare that I have been re-assessed in this unit and I have been advised of my result. I am also aware of my right to appeal.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessor Declaration:** I declare that I have conducted a fair, valid, reliable and flexible assessment with this student, and I have provided appropriate feedback

Student did not attend the feedback session.  
Feedback provided on assessment.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\* End of Cover Sheet \*\*\*\*\*