

STUDENT to complete and attach to the front of each Assessment Task. **Submissions will only be accepted with a cover sheet.**

NOTE: If you are submitting your assessment work electronically you **MUST** apply one of the following:

- Sign and write the date in the declaration section, scan, upload/email the cover sheet back with your submission
- Type in your name and the date in the declaration section, email the cover sheet as an attachment with your submission (if you are unable to scan a signed copy). If using this option, you must ensure that you are sending this from a personal email address for verification purposes.

STUDENT NAME:			
CONTACT PHONE:		EMAIL:	
UNIT CODE(S):			
UNIT NAME(S):			
IS THIS A RESUBMIT? (Please circle)	NO	YES #1	YES #2
Assessment Task being submitted Include Assessment Task # (refer to your Assessment Plan)			
By signing below I, declare that: (please indicate boxes with a tick)			
<input type="checkbox"/> I have understood the instructions provided and have received any relevant documentation for me to be able to complete the assessment/s			
<input type="checkbox"/> I have been advised of the assessment requirements, have been made aware of my rights and responsibilities as a Student, and choose to be assessed at this time			
<input type="checkbox"/> I have been made aware of the 'Appeals Procedure' that provides an avenue for reassessment if necessary			
<input type="checkbox"/> The work I am submitting is my own work and contains no material written by another person except where due reference is made			
<input type="checkbox"/> I am aware that a false declaration may lead to withdrawal of a qualification or statement of attainment			
<input type="checkbox"/> I have included my full name and unit code on each individual page of my submitted assessment work			
<input type="checkbox"/> I have retained a copy of all my submitted assessment work			
Student Signature:			Date:

ASSESSOR to complete with feedback for student on task results and further instruction **if a resubmit is required**

Assessment Task #	* S / NYS	Resubmit Due Date	Comments / Feedback
Assessor Signature:			Date:
By signing below I acknowledge receipt of the above feedback and understand the comments provided if a resubmit is required			
Student Signature:			Date:

* S = Satisfactory NYS = Not Yet Satisfactory