

Course Assessment Cover Sheet

To be completed and returned with your Assessment

Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:		
Name			
Phone (BH)		Phone(Mob)	
Email			
Date of Birth* (DD/MM/YYYY)		Postcode*	

Course Details

Public course In-House course (Please tick the appropriate box)

Name of Course			
Date(s)			
Trainer(s)			
Location			

Please list below the units of competency covered by this assessment. Refer to your course manual or the front page of your assessment for this information.

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Declaration

I hereby state that the work submitted as part of my application for assessment:

- Complies with all privacy and confidentiality legislation and
- Is my own work.

I understand that any plagiarism of others' work and/or failure to acknowledge contributions may have serious consequences in relation to this assessment. Where work has been undertaken in collaboration with others, or where I have referenced other materials, this has been acknowledged and the extent of the contributions has been made explicit.

Please Sign to indicate acceptance of the above declaration:

Signature:

Date:

Special Requirements



Do you have any special needs or requirements that your assessor should be aware of? If so, please tick the box above and discuss with your trainer or contact SAI Global Education and Training Customer Service on 1300 727 444 to discuss this in confidence.

Privacy

Your personal information is protected by law. The information you provide on this form will be used by SAI Global to assess your competence for the purpose of issuing qualifications and Statements of Attainment. Your personal information may be provided to accredited learning personnel (such as assessors) who have a direct role and/or responsibility relating to your application. As a legal requirement of Registered Training Organisations, all accredited learning files are subject to review and audit by authorised 3rd parties. All personal information collected will be maintained in accordance with the SAI Global Privacy Policy. Your signature on the declaration above indicates your acceptance of this.

*** Information must be provided as part of RTIO record keeping requirements**

OFFICE USE ONLY**Assessment Progress Summary Record – To Be Completed By Assessor**

Record the progress of the assessment by recording specific activities and the dates they occurred as appropriate for the type of assessment conducted.

Assessor's Name:

Assessor's Signature:

N/A for in-course assessments where assessor's name is identified in course admin packs.

Date	Activity
...../...../.....	Received By Assessor N/A for in-course assessments
...../...../.....	Assessment conducted/marked
...../...../.....	Assessment decision made: <input type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent
...../...../.....	If Not Yet Competent, briefly describe any issues here.
...../...../.....	Assessment outcome advised to assessee if required: <input type="checkbox"/> By phone <input type="checkbox"/> By email <input type="checkbox"/> In person/at interview
...../...../.....	Feedback provided to assessee by assessor. Briefly describe here.
...../...../.....	Review of Assessment Resubmission requested/undertaken (where applicable)
...../...../.....	This Record of Assessment Decision completed and forwarded to SAI Global